

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2018 OF THE CONDITION AND AFFAIRS OF THE

MCNA INSURANCE COMPANY

NAIC Group Code 4730 (Current Period)	, <u>4730</u> (Prior Period)	NAIC Company Code	14063	Employer's ID	Number <u>522459969</u>
Organized under the Laws of Texas		,	, State of Domic	cile or Port of Entry	Texas
Country of Domicile US					
Licensed as business type:					
Life, Accident and Health [X] Dental Service Corporation [] Health Maintenance Organization []	ls HMO Feder	Property/Casualty [Vision Service Corporally Qualified? Yes () No	ation []		Hospital, Medical and Dental Service or Indemnity [] Other []
Incorporated/Organized May 4, 2011		Com	menced Busine	ss <u>May 4, 2011</u>	
Statutory Home Office100 Congress Avenu	ue Suite 1100, Austin, Texas, U	S 78701			
		(Street and Number,	City or Town, State,	Country and Zip Code)	
Main Administrative Office 200 West Cypre	ess Creek Road Suite 500 Fort	auderdale Florida US 3330	0.9		800-494-6262
<u> </u>		Number, City or Town, State, (e)	(Area Code) (Telephone Number)
Mail Address 200 West Convers Creek Deed C	wite EOO Fort Loudordale Flori	No. 110 - 22200			
Mail Address 200 West Cypress Creek Road S	uite 500, Fort Lauderdale, Florid	(Street and Number or P.C) Box City or Town	State Country and 7in (Code)
		(Officer and Number of 1 .C	7. Box, Oity of Town	r, otate, oountry and zip (55005)
Primary Location of Books and Records	200 West Cypress Creek Road				
	800-494-6262	(Street a	nd Number, City or 1	Town, State, Country and	Zip Code)
	(Area Code) (Telepho	one Number)			
Internet Website Address www.mcna.net					
Statutory Statement Contact Edward Stro	ongin				800-494-6262 x189
		(Name)			(Area Code) (Telephone Number) (Extension)
estrongin@mcna.net		7.4.1.			954-364-7022
	(E-Ma	ail Address)			(Fax Number)

OFFICERS

JEFFREY FEINGOLD (PRESIDENT/CEO) CARLOS LACASA (SECRETARY) GLEN FEINGOLD (CHIEF OPERATING OFFICER) EDWARD STRONGIN (TREASURY)

OTHER OFFICERS

DIRECTORS OR TRUSTEES

JEFREY FEINGOLD, DDS
GLEN FEINGOLD
BARBARA FEINGOLD
CARLOS LACASA
GARY CLARKE
ALBERT HAWKINS
JACK GREENMAN, CPA
SAM HAMMER, CPA

State of _	Florida	١
County of	Broward	SS

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

		<u> </u>	
JEFFREY FEINGOLD, DDS PRESIDENT/CEO	GLEN FEINGOLD CHIEF OPERATING OFFICER		CARLOS LACASA SECRETARY
Subscribed and sworn to before me this	a	. Is this an original filing?	Yes (X) No ()
day of	b	. If no: 1. State the amendment number	
		2. Date filed	
		3. Number of pages attached	

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE MCNA INSURANCE COMPANY

ASSETS

			Current Year		Prior Year
		1	2	3	4
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1.	Bonds (Schedule D)	115,410,572		115,410,572	107, 136, 143
2.	Stocks (Schedule D):				
	2.1 Preferred stocks	2,926,661		2,926,661	1,753,048
	2.2 Common stocks				
3.	Mortgage loans on real estate (Schedule B):				
	3.1 First liens				
	3.2 Other than first liens				
4.	Real estate (Schedule A):				
	4.1 Properties occupied by the company (less \$encumbrances)				
	4.2 Properties held for the production of income (less \$encumbrances)				
	4.3 Properties held for sale (less \$encumbrances)				
5.	Cash (\$ 30,143,003 , Schedule E-Part 1) , cash equivalents (\$ 1,843,322 , Schedule E-Part 2) and short-term investments (\$ 1,296,323 , Schedule DA)	33,282,648		33,282,648	61,796,030
6.	Contract loans (including \$ premium notes)				
7.	Derivatives (Schedule DB)				
8.	Other invested assets (Schedule BA)				
9.	Receivables for securities				
10.	Securities lending reinvested collateral assets (Schedule DL)				
11.	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Lines 1 to 11)	151,619,881		151,619,881	170,685,221
13.	Title plants less \$				
14.	Investment income due and accrued	964,683		964,683	839,493
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection	31,198,592		31,198,592	4,285,131
	15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$earned but unbilled premiums)				
	15.3 Accrued retrospective premiums (\$				
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers				
	16.2 Funds held by or deposited with reinsured companies				
	16.3 Other amounts receivable under reinsurance contracts				
17.	Amounts receivable relating to uninsured plans				
18.1	Current federal and foreign income tax recoverable and interest thereon				
18.2	Net deferred tax asset				
19.	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software				
21.	Furniture and equipment, including health care delivery assets (\$)				
22.	Net adjustment in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates				
24.	Health care (\$) and other amounts receivable				
25.	Aggregate write-ins for other-than-invested assets				
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	189,700,448	5,586,457	184,113,991	175,809,845
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	Total (Lines 26 and 27)	189,700,448	5,586,457	184,113,991	175,809,845
DETAI	LS OF WRITE-INS				
1101.	CO I MAIL-MO				
1103. 1198.	Summary of remaining write-ins for Line 11 from overflow page Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)				
	Prepaids				
2503.	Security Deposit TDI Premium Tax Refund	330,835	39,503	330,835	
	Summary of remaining write-ins for Line 25 from overflow page Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)		5,194,010	330,835	

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE MCNA INSURANCE COMPANY

LIABILITIES, CAPITAL AND SURPLUS

			Current Year		Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$ 8,691,574 reinsurance ceded)	29,320,036		29,320,036	26,256,022
2.	Accrued medical incentive pool and bonus amounts	2,589,422		2,589,422	2,587,621
3.	Unpaid claims adjustment expenses				
4.	Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act	600,000		600,000	1,276,268
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserves				
7.	Aggregate health claim reserves				
8.	Premiums received in advance				
9.	General expenses due or accrued	5,752,053		5,752,053	8,352,302
10.1	Current federal and foreign income tax payable and interest thereon (including \$				
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated				
14.	Borrowed money (including \$				
15.	Amounts due to parent, subsidiaries and affiliates	15,454,473		15,454,473	
16.	Derivatives				
17.	Payable for securities				
18.	Payable for securities lending				
19.	Funds held under reinsurance treaties (with \$				
20.	Reinsurance in unauthorized and certified (\$) companies				
21.	Net adjustments in assets and liabilities due to foreign exchange rates				
22.	Liability for amounts held under uninsured plans				
23.	Aggregate write-ins for other liabilities (including \$				
24.	Total liabilities (Lines 1 to 23)			62,407,558	50,727,809
25.	Aggregate write-ins for special surplus funds	XXX	XXX		
26.	Common capital stock	XXX	XXX	2,000,000	
27.	Preferred capital stock	XXX	XXX		
28.	Gross paid in and contributed surplus	XXX	XXX	28,000,000	
29.	Surplus notes	XXX	XXX		
30.	Aggregate write-ins for other-than-special surplus funds	XXX	XXX		
31.	Unassigned funds (surplus)	XXX	XXX	91,706,432	95,082,037
32.	Less treasury stock, at cost:				
	32.1	XXX	XXX		
•-	32.2	XXX	XXX		405 000 007
	Total capital and surplus (Line 25 to 31 minus Line 32)	XXX	XXX	121,706,432	
	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	184,113,990	175,809,846
	.S OF WRITE-INS				
2301. 2302.					
2303 . 2398 .	Summary of remaining write-ins for Line 23 from overflow page				
2399.	Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)				
		XXX	XXX		
2502. 2503.		XXX	XXX		
2598 . 2599 .	Summary of remaining write-ins for Line 25 from overflow page Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X X X X	X X X X X X		
3001. 3002.		XXX	XXX		
3003. 3098.	Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX		
3099.	Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX		
				I	L

STATEMENT OF REVENUE AND EXPENSES

		Curr	ent Year	Prior Year
		1	2	3
		Uncovered	Total	Total
1.	Member Months	XXX	45,784,124	39,660,443
2.	Net premium income (including \$non-health premium income)	XXX	726,570,869	602,846,481
3.	Change in unearned premium reserves and reserve for rate credits	XXX	(99,476)	(7,931,761)
4.	Fee-for-service (net of \$	XXX		
5.	Risk revenue	XXX		
6.	Aggregate write-ins for other health care related revenues	XXX		
7.	Aggregate write-ins for other non-health revenues	XXX		
8.	Total revenues (Lines 2 to 7)	XXX	726,471,393	594,914,720
	al and Medical:			
9.	Hospital/medical benefits			
	Other professional services			
11.	Outside referrals			
12.	Emergency room and out-of-area			
13.	Prescription drugs			
14.	Aggregate write-ins for other hospital and medical			
15.	Incentive pool, withhold adjustments and bonus amounts			2,587,621
16.	Subtotal (Lines 9 to 15)		787,969,755	686,718,343
Less: 17.	Net reinsurance recoveries		211,558,625	213,767,338
18.	Total hospital and medical (Lines 16 minus 17)		576,411,130	472,951,005
19.	Non-health claims (net)			
20.	Claims adjustment expenses, including \$cost containment expenses			
21.	General administrative expenses		135,504,640	106,967,116
22.	Increase in reserves for life and accident and health contracts (including \$increase in reserves for life only)			
23.	Total underwriting deductions (Lines 18 through 22)		711,915,770	579,918,121
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	14,555,623	14,996,599
25.	Net investment income earned (Exhibit of Net Investment Income, Line 17)		3,630,372	2,187,097
26.	Net realized capital gains (losses) less capital gains tax of \$			(173,961)
27.	Net investment gains (losses) (Lines 25 plus 26)		, , ,	2,013,136
	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]			
29.	Aggregate write-ins for other income or expenses			
	Net income or (loss) after capital gains tax and before all other federal income taxes			
00.	(Lines 24 plus 27 plus 28 plus 29)	XXX	17,441,902	17,009,735
31.	Federal and foreign income taxes incurred	XXX		
32.	Net income (loss) (Lines 30 minus 31)	XXX	17,441,902	17,009,735
DET/ 0601	AILS OF WRITE-INS	XXX		
0602 0603		XXX XXX		
0698 0699	. Summary of remaining write-ins for Line 6 from overflow page	XXX XXX		
0701		XXX		
0702 0703		XXX XXX		
0798	. Summary of remaining write-ins for Line 7 from overflow page	XXX		
0799 1401	, , , , ,	XXX		
1402				
1403 1498	. Summary of remaining write-ins for Line 14 from overflow page			
1499	, , , ,		+	
2901 2902				
2903 2998	Summary of remaining write-ins for Line 29 from overflow page			
2999	Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	·····	<u> </u>	

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE MCNA INSURANCE COMPANY

STATEMENT OF REVENUE AND EXPENSES (continued)

		1	2
	CAPITAL AND SURPLUS ACCOUNT		
		Current Year	Prior Year
33.	Capital and surplus prior reporting year	125,082,037	121,434,817
34.	Net income or (loss) from Line 32	17,441,902	17,009,734
35.	Change in valuation basis of aggregate policy and claims reserves		
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$	(2,423,622)	430,124
37.	Change in net unrealized foreign exchange capital gain or (loss)		
38.	Change in net deferred income tax		
39.	Change in nonadmitted assets.	(3,393,884)	1,207,362
40.	Change in unauthorized and certified reinsurance		
41.	Change in treasury stock		
42.	Change in surplus notes		
43.	Cumulative effect of changes in accounting principles		
44.	Capital Changes:		
	44.1 Paid in		
	44.2 Transferred from surplus (Stock Dividend)		
	44.3 Transferred to surplus.		
45.	Surplus adjustments:		
	45.1 Paid in		
	45.2 Transferred to capital (Stock Dividend)		
	45.3 Tranferred from capital		
46.	Dividends to stockholders.	(15,000,000)	(15,000,000)
47.	Aggregate write-ins for gains or (losses) in surplus		
48.	Net change in capital and surplus (Lines 34 to 47).	(3,375,605)	3,647,220
49.	Capital and surplus end of reporting year (Line 33 plus 48)	121,706,432	125,082,037
DET	AILS OF WRITE-INS		
4701	L		
4702	2		
4703	3		
4798	3. Summary of remaining write-ins for Line 47 from overflow page		
4799	9. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)		

CASH FLOW

		1 Current Year	2 Prior Year
	Cash from Operations		
1. 2.	Premiums collected net of reinsurance Net investment income Miscellaneous income	4,068,624	2,550,515
υ.			
4.	Total (Line 1 through Line 3)	703,049,764	618,905,764
5.	Benefit and loss related payments	573,444,791	477,913,242
6. 7.	Net transfers to Separate Áccounts, Segregated Accounts and Protected Cell Accounts Commissions, expenses paid and aggregate write-ins for deductions	141,382,001	106,343,045
8. 9.	Dividends paid to policyholders Federal and foreign income taxes paid (recovered) net of \$		
0.	Total (Line 5 through Line 9)	714,826,792	584,256,287
1	Net cash from operations (Line 4 minus Line 10)	(11 777 028)	34 649 477
		(11,777,020)	04,040,477
)	Cash from Investments		
2.	Proceeds from investments sold, matured or repaid: 12.1 Bonds 12.2 Protein		
	12.2 Stocks 12.3 Mortgage loans		
	12.4 Real estate 12.5 Other invested assets		
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments 12.7 Miscellaneous proceeds		
	12.8 Total investment proceeds (Line 12.1 through Line 12.7)	37,404,515	32,791,474
3.	Cost of investments acquired (long-term only):		
	13.1 Bonds 13.2 Stocks		
	13.3 Mortgage loans 13.4 Real estate		
	13.5 Other invested assets 13.6 Miscellaneous applications	116,772	
	13.7 Total investments acquired (Line 13.1 through Line 13.6)	50, 700, 487	50 585 367
			00,000,001
4.	Net increase (decrease) in contract loans and premium notes		
5.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(13,295,972)	(26,793,893
	Cash from Financing and Miscellaneous Sources		
6.	Cash provided (applied): 16.1 Surplus notes, capital notes		
	16.2 Capital and paid in surplus, less treasury stock 16.3 Borrowed funds		
	 16.4 Net deposits on deposit-type contracts and other insurance liabilities 16.5 Dividends to stockholders 	15,000,000	15,000,000
	16.6 Other cash provided (applied)	11,559,617	(1,983,814
7.	Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(3,440,383)	(16,983,814
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
8.	Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	(28,513,383)	(9,128,230
9.	Cash, cash equivalents and short-term investments: 19.1 Beginning of year	61 706 030	70,924,260
	19.2 End of year (Line 18 plus Line 19.1)		61,796,030
lote	: Supplemental disclosures of cash flow information for non-cash transactions:		
0.0	001		
0.0	002 003		
0.0	004		
0.0	006		
	008 009		
0.0			

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

								8	v	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Hea
Net premium income								726.570.869		
Change in unearned premium reserves and reserve for rate credit						.		(99,476)		.
Fee-for-service (net of \$ medical expenses)										XXX
Risk revenue										. XXX
Aggregate write-ins for other health care related revenues						1				l xxx
Aggregate write-ins for other non-health care related revenues			XXX	XXX	XXX	XXX	XXX	XXX	XXX	
Total revenues (Lines 1 to 6)								726.471.393	7,7,7	1
Hospital/medical benefits								785.719.755		. X X X
Other professional services								100,110,100		
Outside referrals										
Emergency room and out-of-area										:
										: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Prescription drugs										
Aggregate write-ins for other hospital and medical										. XXX
Incentive pool, withhold adjustments, and bonus amounts	2,250,000							2,250,000		. XX
Subtotal (Lines 8 to 14)	787,969,755							787,969,755		. XXX
Net reinsurance recoveries								211,558,625		. XX
Total hospital and medical (Lines 15 minus 16)								576,411,130		. XX
Non-health claims (net)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
Claims adjustment expenses including \$										
General administrative expenses	135,504,640							135,504,640		
Increase in reserves for accident and health contracts										. XXX
Increase in reserves for life contracts		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
Total underwriting deductions (Lines 17 to 22)	711,915,770							711,915,770		
Net underwriting gain or (loss) (Line 7 minus Line 23)	14,555,623							14,555,623		
AILS OF WRITE-INS										. XXX
)										:
										:
B. Summary of remaining write-ins for Line 5 from overflow page										:
D. Total (Lines 0501 through 0503 plus 0598) (Line 5 above)										XX
. Total (Lines 000 i tillough 0000 plus 0000) (Line 3 above)										- ^ ^ ′
		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
		l ŝŝŝ	XXX	l ŝŝŝ	l âxx	XXX	XXX	l ŝŝŝ	XXX	
		l ŝŝŝ	XXX	l ŝŝŝ	l âxx	l âxxx	XXX	l ŝŝŝ l	XXX	1
B. Summary of remaining write-ins for Line 6 from overflow page		XXX	XXX	x x x	XXX	XXX	XXX	XXX	XXX	1
9. Total (Lines 0601 through 0603 plus 0698) (Line 6 above)		l xxx	XXX	l	l ŝŝŝ	l xxx	XXX	l ŝŝŝ l	XXX	
. Total (Lines 1001) tillough 1000 plus 1030) (Line 0 above)		^^^	^^^	_ ^^^	_ ^^^	_ ^^^	^^^	^^^	^ ^ ^	
										. XX
)										. XX
)						-				
3. Summary of remaining write-ins for Line 13 from overflow page										. X X
7. Total (Lines 1301 through 1303 plus 1398) (Line 13 above)										. XX

Part 1 - Premiums

	1	2	3	4
				Net Premium Income
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	(Cols. 1+2-3)
Comprehensive (hospital and medical)				
2. Medicare Supplement				
3. Dental only				
4. Vision only				
5. Federal Employees Health Benefits Plan				
6. Title XVIII - Medicare				
7. Title XIX - Medicaid	939,685,954		213,115,085	726,570,869
8. Other health				
9. Health subtotal (Lines 1 through 8)	939,685,954		213,115,085	726,570,869
10. Life				
11. Property/casualty				
12. Totals (Lines 9 to 11)	939,685,954	•••••	213,115,085	726,570,869

PART 2 - Claims Incurred During the Year

PART 2 - Claims incurred buring the Year										
	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct	786,219,762							786,219,762		
1.2 Reinsurance assumed 1.3 Reinsurance ceded	215.122.646							215.122.646		
1.4 Net								571,097,116		
2. Paid medical incentive pools and bonuses								2,248,199		
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	38,011,610							,. ,		
3.2 Reinsurance assumed										
3.3 Reinsurance ceded								8,691,574 29,320,036		
4. Claim reserve December 31, current year from Part 2D: 4.1 Direct 4.2 Reinsurance assumed 4.3 Reinsurance ceded 4.4 Net										
5. Accrued medical incentive pools and bonuses, current year								2,589,422		
6. Net health care receivables (a)										
7. Amounts recoverable from reinsurers December 31, current year										
Claim liability December 31, prior year from Part 2A: 8.1 Direct								38, 511, 618		
8.2 Reinsurance assumed								, ,		
8.3 Reinsurance ceded	12,255,596							12,255,596		
8.4 Net								26,256,022		
Claim reserve December 31, prior year from Part 2D: 1 Direct										
9.2 Reinsurance assumed										
9.3 Reinsurance ceded										
10. Accrued medical incentive pools and bonuses, prior year								2,587,621		
11. Amounts recoverable from reinsurers December 31, prior year $\ldots\ldots$.						
12. Incurred benefits:										
12.1 Direct								, .,		
12.2 Reinsurance assumed								1		
12.5 Inditional differ bediefu	211,000,024									
12.4 Net	574,161,130							574,161,130		
13. Incurred medical incentive pools and bonuses								2,250,000		
10. mountou mountai mountavo poolo ana pontases	2,250,000							2,200,000		
								1		

UNDERWRITING AND INVESTMENT EXHIBIT PART 2A - Claims Liability End of Current Year

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
Reported in Process of Adjustment:										
1.2 Reinsurance assumed 1.3 Reinsurance ceded										
2. Incurred but Unreported:										
2.1 Direct										
2.3 Reinsurance ceded										
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct 3.2 Reinsurance assumed 3.3 Reinsurance ceded 3.4 Net										
1. TOTALS:										
4.1 Direct	, . ,							38,011,610		
4.3 Reinsurance ceded 4.4 Net	8,691,574							8,691,574		

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

	Claims Paid Du	uring the Year	Claim Reserve and Claim Liabi	lity December 31 of Current Year	5	6	
Line of Business	1 On Claims Incurred Prior to January 1 of Current Year	1 2 On Claims Incurred Prior to January 1 of Current Year On Claims Incurred During the Year		4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year	
1. Comprehensive (hospital and medical)							
2. Medicare Supplement							
3. Dental Only							
4. Vision Only							
5. Federal Employees Health Benefits Plan							
6. Title XVIII - Medicare							
7. Title XIX - Medicaid	27,565,413	543,531,703	1,037,818	28,282,218	28,603,231	26,256,02	
8. Other health							
9. Health subtotal (Lines 1 to 8)	27,565,413	543,531,703	1,037,818	28,282,218	28,603,231	26,256,02	
0. Healthcare receivables (a)							
1. Other non-health.							
2. Medical incentive pools and bonus amounts.	2,248,199			2,250,000	2,587,622	2,587,62	
13. Totals (Lines 9-10+11+12)	29,813,612	543,531,703	1,377,241	30,532,218	31,190,853	28,843,64	

⁽a) Excludes \$ loans or advances to providers not yet expensed.

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Section A - Paid Health Claims - Comprehensive (Hospital and Medical)

		Cumulative Net Amounts Paid							
	1	2	3	4	5				
Year in Which Losses Were Incurred	2014	2015	2016	2017	2018				
1 Prior									
2. 2014	XXX								
4. 2016 5. 2017	XXX XXX	XXX XXX							
3. 2018	XXX	XXX	XXX	XXX					

Section B - Incurred Health Claims - Comprehensive (Hospital and Medical)

	Su	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year								
	1	2	3	4	5					
Year in Which Losses Were Incurred	2014	2015	2016	2017	2018					
1 Prior										
2. 2014	X X X									
4. 2016	XXX	XXX								
6. 2018	XXX	XXX	XXX	XXX						

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Comprehensive (Hospital and Medical)

Years in Which Premiums Were Earned and Claims Were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2014										
2 · 2015 · · · · · · · · · · · · · · · · · · ·										
5. 2018										

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Section A - Paid Health Claims - Medicare Supplement

	Cumulative Net Amounts Paid								
	1	2	3	4	5				
Year in Which Losses Were Incurred	2014	2015	2016	2017	2018				
1. Prior									
2. 2014 3. 2015 4. 2016 5. 2017 6. 2018	XXX XXX XXX XXX			XXX					

Section B - Incurred Health Claims - Medicare Supplement

	Su	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year								
	1	2	3	4	5					
Year in Which Losses Were Incurred	2014	2015	2016	2017	2018					
1 Prior										
2 2014	XXX									
4. 2016 5. 2017	XXX XXX	XXX XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX						

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Medicare Supplement

Years in Which Premiums Were Earned and Claims Were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2014										
3. 2016										

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Section A - Paid Health Claims - Dental Only

	Cumulative Net Amounts Paid								
	1	2	3	4	5				
Year in Which Losses Were Incurred	2014	2015	2016	2017	2018				
1. Prior									
2. 2014 3. 2015									
4. 2016 5. 2017 6. 2018	XXX XXX XXX	XXX XXX XXX	X X X	XXX					

Section B - Incurred Health Claims - Dental Only

	Su	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year								
	1	2	3	4	5					
Year in Which Losses Were Incurred	2014	2015	2016	2017	2018					
1 Prior										
2. 2014	XXX									
4. 2016 5. 2017	XXX XXX	XXX								
6. 2018	XXX	XXX	XXX	XXX						

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Dental Only

Years in Which Premiums Were Earned and Claims Were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2014										
2 · 2015 · · · · · · · · · · · · · · · · · · ·										
5. 2018										

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Section A - Paid Health Claims - Vision Only

		Cumulative Net Amounts Paid							
	1	2	3	4	5				
Year in Which Losses Were Incurred	2014	2015	2016	2017	2018				
1 Prior									
2. 2014	XXX								
4. 2016 5. 2017	XXX XXX	XXX XXX							
3. 2018	XXX	XXX	XXX	XXX					

Section B - Incurred Health Claims - Vision Only

	Su	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year								
	1	2	3	4	5					
Year in Which Losses Were Incurred	2014	2015	2016	2017	2018					
1 Prior										
2. 2014 3. 2015	XXX									
4. 2016 5. 2017	XXX XXX	XXX XXX								
6. 2018	XXX	XXX	XXX	XXX						

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Vision Only

Years in Which Premiums Were Earned and Claims Were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2014										
2. 2015										
3. 2016										
4. 2017										
5. 2018										

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Section A - Paid Health Claims - Federal Employees Health Benefit Plan

		Cumulative Net Amounts Paid							
	1	2	3	4	5				
Year in Which Losses Were Incurred	2014	2015	2016	2017	2018				
1 Prior									
2. 2014	X X X								
4. 2016 5. 2017	XXX XXX	XXX XXX	X X X						
6. 2018	XXX	XXX	XXX	XXX					

Section B - Incurred Health Claims - Federal Employees Health Benefit Plan

	Su	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year								
	1	2 3 4 5								
Year in Which Losses Were Incurred	2014	2015	2016	2017	2018					
1 Prior										
2 2014	XXX									
4. 2016 5. 2017	XXX XXX	XXX XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX						

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Federal Employees Health Benefit Plan

Years in Which Premiums Were Earned and Claims Were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2014 2. 2015 3. 2016 4. 2017 5. 2018										

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Section A - Paid Health Claims - Title XVIII Medicare

		Cumulative Net Amounts Paid							
	1	2	3	4	5				
Year in Which Losses Were Incurred	2014	2015	2016	2017	2018				
2. 2014 3. 2015 4. 2016	X X X X X X								
5. 2017 6. 2018	XXX XXX	XXX XXX	XXX XXX	XXX					

Section B - Incurred Health Claims - Title XVIII Medicare

	Su	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year								
	1	2 3 4 5								
Year in Which Losses Were Incurred	2014	2015	2016	2017	2018					
1 Prior										
2. 2014 3. 2015	XXX									
4. 2016 5. 2017	XXX XXX	XXX XXX								
6. 2018	XXX	XXX	XXX	XXX						

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XVIII Medicare

Years in Which Premiums Were Earned and Claims Were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2014 2. 2015 3. 2016 4. 2017 5. 2018										

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Section A - Paid Health Claims - Title XIX Medicaid

		Cumulative Net Amounts Paid								
	1	2	3	4	5					
Year in Which Losses Were Incurred	2014	2015	2016	2017	2018					
1. Prior	7,572	97		(19)	(8)					
2. 2015 4. 2016 5. 2017 6. 2018	XXX XXX XXX XXX XXX	X X X X X X X X X X X X X X X X X X X	23,962/ 384,376 X X X X X X	(50) 26,205 443,893	(21) (4) 27,617 543,532					

Section B - Incurred Health Claims - Title XIX Medicaid

	Su	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year							
	1	4	5						
Year in Which Losses Were Incurred	2014	2015	2016	2017	2018				
1 Prior	7 575	97	602	(19)	(8)				
2. 2014 3. 2015		22,891 409.751	(36)	(48)	(19)				
4. 2016 5. 2017	XXX XXX	XXX XXX		26,205 472,737	(4) 28 655				
6. 2018	XXX	XXX	XXX	XXX	574,066				

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XIX Medicaid

Years in Which Premiums Were Earned and Claims Were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2014 2. 2015 3. 2016 4. 2017 5. 2018					543 532	(0.004) (0.004) (0.001) 4.581 74.808	31,909		(19) (21) (4) 27,617 575,441	(0.004) (0.004) (0.001) 4.581 79.200

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Section A - Paid Health Claims - Other

		Cumulative Net Amounts Paid								
	1	2	3	4	5					
Year in Which Losses Were Incurred	2014	2015	2016	2017	2018					
1. Prior										
2. 2014 3. 2015	XXX									
4. 2016 5. 2017 6. 2018	XXX XXX XXX	XXX XXX	XXX XXX	XXX						

Section B - Incurred Health Claims - Other

	Su	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year								
	1	2 3 4								
Year in Which Losses Were Incurred	2014	2015	2016	2017	2018					
1 Prior										
2. 2014	XXX									
4. 2016 5. 2017	XXX XXX	XXX								
6. 2018	XXX	XXX	XXX	XXX						

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Other

Years in Which Premiums Were Earned and Claims Were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2014										
2 · 2015 · · · · · · · · · · · · · · · · · · ·										
5. 2018										

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Section A - Paid Health Claims - Grand Total

			Cumulative Net Amounts Paid		
	1	2	3	4	5
Year in Which Losses Were Incurred	2014	2015	2016	2017	2018
1. Prior	7,572 298,329	97 21,724		(19)	(8) (19)
3. 2015 4. 2016 5. 2017 6. 2018	XXX XXX XXX XXX	X X X X X X X X X X X X X X X X X X X	23,962′ 384,376 X X X X X X X X X X X X X X X X X X X	(50)	(21) (4)

Section B - Incurred Health Claims - Grand Total

	Su	m of Cumulative Net Amount Paid and Claim Liabil	lity, Claim Reserve and Medical Incentive Pool at	nd Bonuses Outstanding at End of Year	
	1	2	3	4	5
Year in Which Losses Were Incurred	2014	2015	2016	2017	2018
1 Prior	7 575	97	602	(19)	(8)
2. 2014 3. 2015		22,891 409.751	(36)	(48)	(19)
4. 2016 5. 2017	XXX XXX	XXX XXX		26,205 472,737	(4) 28 655
6. 2018	XXX	XXX	XXX	XXX	574,066

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

Years in Which Premiums Were Earned and Claims Were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2014 2. 2015 3. 2016 4. 2017 5. 2018					543 532	(0.004) (0.004) (0.001) 4.581 74.808	31,909		(19) (21) (4) 27,617 575,441	(0.004) (0.004) (0.001) 4.581 79.200

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE MCNA INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

					_	1 .	1 _	_	
	1 1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Unearned premium reserves									
Additional policy reserves (a)									
Additional policy reserves (a) Reserve for future contingent benefits									
4. Reserve for rate credits of experience rating refunds									
(including \$ for investment income)	600,000							600,000	
Ággregate write-ins for other policy reserves Totals (gross)	600 000								
7. Reinsurance ceded								600,000	
8. Totals (Net) (Page 3, Line 4)	600.000							600.000	
Present value of amounts not vet due on claims									
10. Reserve for future contingent benefits									
11. Aggregate write-ins for other claim reserves									
12. Totals (gross)									
13. Reinsurance ceded 14. Totals (Net) (Page 3, Line 7)									
14. Totals (Not) (1 age o, Line 1).									
DETAILS OF WRITE-INS									
U5U1.									
0502. 0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page									
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)									
4404									
1101									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page.									
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)									

(a) Includes \$ premium deficiency reserve.

PART 3 - ANALYSIS OF EXPENSES

		PART 3 - ANALTSIS OF EXPENSES			,	T	
		Claim Adjustme	ent Expenses	3	4	5	
		1 Cost	2 Other Claim	General			
		Containment Expenses	Adjustment Expenses	Administrative Expenses	Investment Expenses	Total	
1.	Rent (\$			902,629		902,629	
	Salaries, wages and other benefits					6,991,503	
3.	Commissions (less \$ ceded plus \$ assumed)						
4.	Legal fees and expenses			1			
5.	Certifications and accreditation fees						
6.	Auditing, actuarial and other consulting services						
	Traveling expenses						
	Marketing and advertising					·	
	Postage, express, and telephone			1 ' ' 1		, , , , ,	
	Printing and office supplies					, , , , , ,	
	•					,=.,	
	Occupancy, depreciation and amortization			1			
				1		,	
	Cost or depreciation of EDP equipment and software			1			
	Outsourced services including EDP, claims, and other services						
	Boards, bureaus and association fees					, , , ,	
	Insurance, except on real estate					,	
	Collection and bank service charges					, , ,	
18.	Group service and administration fees			347,531		347,531	
	Reimbursements by uninsured accident and health plans						
20.	Reimbursements from fiscal intermediaries						
21.	Real estate expenses						
22.	Real estate taxes						
23.	Taxes, licenses and fees:						
	23.1 State and local insurance taxes			524,606		524,606	
	23.2 State premium taxes			14,332,635		14,332,635	
	23.3 Regulator authority licenses and fees						
	23.4 Payroll taxes			375,341		375,341	
	23.5 Other (excluding federal income and real estate taxes)			15,640,893		15,640,893	
24.	Investment expenses not included elsewhere				235,308	235,308	
25.	Aggregate write-ins for expenses			27,000		27,000	
26.	Total expenses incurred (Line 1 to Line 25)			135,504,639	235,308	(a) 135,739,947	
	Less expenses unpaid December 31, current year					, ,	
	Add expenses unpaid December 31, prior year			1			
	Amounts receivable relating to uninsured plans, prior year					, ,	
	Amounts receivable relating to uninsured plans, current year						
50.	Announts receivable relating to uninistred plans, current year						
31.	Total expenses paid (Line 26 minus Line 27 plus Line 28 minus Line 29 plus Line 30)				235,308	138,340,196	
DETA	LS OF WRITE-INS						
250	1. Auto Expense			27,000		27,000	
250	2						
250	3						
	Summary of remaining write-ins for Line 25 from overflow page						
2598	5. Curimary of remaining write ine for Eine 20 from evernow page						

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		1	2
		Collected During Year	Earned During Year
1. U.S. Government bonds			
1.1 Bonds exempt from U.S. tax 1.2 Other bonds (unaffiliated)			
1.3 Bonds of affiliates		(a)	
2.1 Preferred stocks (unaffiliated) 2.11 Preferred stocks of affiliates			
2.2 Common stocks (unaffiliated) 2.21 Common stocks of affiliates			
3. Mortgage loans		(c)	
4. Real estate 5. Contract loans			
Cash, cash equivalents and short-term investments		(e) 102,939	106,340
7. Derivative instruments 8. Other invested assets		(f)	
Aggregate write-ins for investment income Total gross investment income			
10. Total gross investment income		3,344,004	3,920,040
11. Investment expenses			(g) 235,308
12. Investment taxes, licenses and fees, excluding federal income taxes			(g)
14. Depreciation on real estate and other invested assets			(i)
Aggregate write-ins for deductions from investment income Total deductions (Lines 11 through 15)			
17. Net investment income (Line 10 minus Line 16)			
DETAIL O OF MIDITE IN O			
DETAILS OF WRITE-INS 0901.			
0902. 0903.			
0998. Summary of remaining write-ins for Line 9 from overflow page			
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)			
4504			
1501. 1502.			
1503. 1598. Summary of remaining write-ins for Line 15 from overflow page			
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)			
(a) Includes \$	(f) Includes \$ accrual of discount less \$ of premium.	amortiza	ation
(b) Includes \$	(g) Includes \$ investment expenses and	1\$ in	vestment
premium and less \$	taxes, licenses and fees, excluding federal income tax Separate Accounts.		
premium and less \$paid for accrued interest on purchases. (d) Includes \$for company's occupancy of its own buildings; and excludes	(h) Includes \$interest on surplus notes on capital notes.	and \$ in	terest
\$interest on encumbrances.	(i) Includes \$ depreciation on real estat	e and \$	
(e) Includes \$ 59,138 accrual of discount less \$ 9,307 amortization of premium and less \$ 5,952 paid for accrued interest on purchases.	depreciation on other invested assets.		

EXHIBIT OF CAPITAL GAINS (LOSSES)

•		1	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S.	Government bonds	1,545		1,545	11,716	
1.1 Bond 1.2 Othe	ls exempt from U.S. tax r bonds (unaffiliated)					
2.1 Prefe 2.11 Prefe	ls of affiliates erred stocks (unaffiliated) erred stocks of affiliates	(50,821)		(50,821)	(122,269)	
2.21 Com 3. Mort	mon stocks (unaffiliated) mon stocks of affiliates gage loans					
 Real Cont 	estate					
 Deriv Othe 	vative instruments r invested assets egate write-ins for capital gains (losses)					
10. Total	capital gains (losses)	(744,093)		(744,093)	(2,423,622)	
DETAILS OF	WRITE-INS					
0998 . Summa	ary of remaining write-ins for Line 9 from overflow page (Lines 0901 through 0903 plus 0998) (Line 9 above)					

EXHIBIT OF NONADMITTED ASSETS

		1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
	Bonds (Schedule D)			
2.	Stocks (Schedule D): 2.1 Preferred stocks			
	2.2 Common stocks			
3.	Mortgage loans on real estate (Schedule B): 3.1 First liens			
	3.2 Other than first liens			
4.	Real estate (Schedule A): 4.1 Properties occupied by the company			
	4.2 Properties held for the production of income			
	4.3 Properties held for sale			
5.	Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)			
6. 7.	Contract loans Derivatives (Schedule DB)			
8.	Other invested assets (Schedule BA)			
9.	Receivables for securities			
10.	Securities lending reinvested collateral assets (Schedule DL)			
	Aggregate write-ins for invested assets			
12.	Subtotals, cash and invested assets (Lines 1 to 11) Title plants (for Title insurers only)			
	Investment income due and accrued			
	Premiums and considerations:			
	15.1 Uncollected premiums and agents' balances in the course of collection			
	15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due 15.3 Accrued retrospective premiums and contracts subject to redetermination			
16	Reinsurance:			
10.	16.1 Amounts recoverable from reinsurers			
	16.2 Funds held by or deposited with reinsured companies			
17	16.3 Other amounts receivable under reinsurance contracts			
	Amounts receivable relating to uninsured plans Current federal and foreign income tax recoverable and interest thereon			
	Net deferred tax asset			
19.	Guaranty funds receivable or on deposit			1
20.	Electronic data processing equipment and software Furniture and equipment, including health care delivery assets	200 447		
21. 22.	Net adjustment in assets and liabilities due to foreign exchange rates		452,959	
23.	Receivables from parent, subsidiaries and affiliates			164.552
24.	Health care and other amounts receivable			
	Aggregate write-ins for other-than-invested assets	5, 194, 011		(3,618,949)
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	5 596 459	2 102 572	/2 202 995\
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts			(3,393,000)
28.	Total (Lines 26 and 27)	5,586,458		(3,393,885)
DET	NLS OF WRITE-INS			
	ALCO OF WALLE-ING			
1102				
1103	Common of consisting with in fact line 44 from quartery sage			
1198	Summary of remaining write-ins for Line 11 from overflow page			
2501	Security Deposit		34 955	(4 548)
2502	Prepaids	5,154,507		(3,614,400)
2503				
	Summary of remaining write-ins for Line 25 from overflow page			
2099	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	5,194,011		(3,018,949)

_

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

		6			
1	2	3	4	5	Ourseast Value
Prior Year	First Quarter	Second Quarter	Third Quarter	Current Year	Current Year Member Months
3,558,642	3,817,158	3,802,227		3,830,420	45,784,12
3,558,642	3,817,158	3,802,227	3,825,093	3,830,420	45,784,12
3,558,642					45,784,12
					45,784,12
	3,558,642 3,558,642 3,558,642	3,558,642 3,817,158 3,558,642 3,817,158 3,558,642 3,817,158		1 2 3 4 Prior First Second Quarter Quarter 3,558,642 3,817,158 3,802,227 3,825,093 3,558,642 3,817,158 3,802,227 3,825,093 3,558,642 3,817,158 3,802,227 3,825,093	1 2 3 4 5 Prior First Quarter Quarter Quarter Quarter Quarter Current Year 3,558,642 3,817,158 3,802,227 3,825,093 3,830,420 3,558,642 3,817,158 3,802,227 3,825,093 3,830,420 3,558,642 3,817,158 3,802,227 3,825,093 3,830,420

1. Summary of Significant Accounting Polices

A) Accounting Practices

MCNA Insurance Company ("Company") prepares its financial statements in accordance with accounting and reporting practices prescribed by the National Association of Insurance Commissioners (NAIC) Accounting Practices and Procedures Manual, which was adopted by the Texas Department of Insurance, and constitutes what is referred to as the Statutory Basis of Accounting. Such accounting and reporting is significantly different than generally accepted accounting principles (GAAP) in the United States; and therefore, the accompanying financial statements do not intend to present financial position, results of operations, and cash flows in accordance with GAAP.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Texas is shown below:

NET INCOME	SSAP #	F/S Page	<u>F/S</u> <u>Line #</u>	2018	<u>2017</u>
(1) MCNA Insurance Company state basis				\$ 17,441,902	\$ 17,009,736
(2) State Prescribed Practices that increase/(decrease) NAIC SAP: None (3) State Permitted Practices that increase/(decrease) NAIC SAP: None					
(4) NAIC SAP (1-2-3=4)				\$ 17,441,902	\$ 17,009,736
<u>SURPLUS</u>					
(5) MCNA Insurance Company state basis				\$ 121,706,432	\$ 125,082,037
(6) State Prescribed Practices that increase/(decrease) NAIC SAP: None					
(7) State Permitted Practices that increase/(decrease) NAIC SAP: None					
(8) NAIC SAP (5-6-7=8)				\$ 121,706,432	\$ 125,082,037

B) Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions concerning dental costs, investment valuation and other factors that affect the reported amounts of assets and liabilities, the disclosures of contingent assets and liabilities as of the date of the statement of admitted assets, liabilities, capital and surplus, and the revenues and expenses for the year ended December 31, 2018. Such estimates are based on historical experience and other assumptions that are considered appropriate in the circumstances. However, actual results could differ from those estimates and these differences may be material.

C) Accounting Policies

Based on the Company's contracts with various Medicaid agencies, capitation fees are recorded as revenue except for those deemed to be advances under the terms of the contract. Advance premiums are reflected as unearned and recognized as revenue when earned. For the year ended December 31, 2018, the Company recorded net capitation fees of \$726,570,869, inclusive of reinsurance experience refund.

In addition, the Company uses the following accounting polices:

- (1) Short-term investments consist of liquid investments, with maturity dates of one year or less at the time of acquisition and are stated at fair market value.
- (2) Bonds are stated at fair market value.
- (3) The Company does not have any investments in common stocks.
- (4) Preferred stocks are stated at fair market value.
- (5) The Company does not have any investments in mortgage loans on real estate.
- (6) The Company does not have any investments in loan-backed securities.
- (7) The Company does not have any investments in subsidiaries, controlled and affiliated entities.
- (8) The Company does not have any investments in joint ventures, partnerships, and limited liability companies.

- (9) The Company does not have any investments in derivatives.
- (10) The Company does not utilize anticipated investment income as a factor in the premium deficiency calculation.
- (11) The Company records the cost of services provided by the dentists and specialists in its network based on actual fee-for-service claims submitted, plus an estimate for the cost of services incurred but not reported. For the year ended December 31, 2018, the Company's cost for dental services was \$787,969,755 before amounts ceded to reinsurer of \$211,558,625.

At Year end, the Company's estimate for the cost of dental services incurred but not reported is computed by an independent actuary using standard actuarial methodologies. While management believes the amounts for such liabilities are adequate, these liabilities are based on assumptions and estimates with the ultimate liability being in excess of or less than the amount provided.

- (12) The Company has not modified its capitalization policy from the prior period.
- (13) The Company does not have any pharmaceutical rebates receivable.
- D) Going Concern Not applicable

2. Accounting Changes and Correction of Errors

This note is not applicable to the Company.

3. Business Combinations and Goodwill

This note is not applicable to the Company.

4. Discontinued Operations

This note is not applicable to the Company.

5. Investments

A. The Company does not have any Mortgage loans, including Mezzanine Real Estate Loans.

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE MCNA INSURANCE COMPANY

NOTES TO FINANCIAL STATEMENTS

- B. The Company does not have any Debt Restructuring.
- C. The Company does not have any Reverse Mortgages.
- D. The Company does not have any Loan-Backed Securities.
- E. The Company does not have any Dollar Repurchase Agreements and/or Securities Lending Transactions.
- F. The Company does not own any Repurchase Agreements Transactions Accounted for as Secured Borrowing.
- G. The Company does not own any Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing.
- H. The Company does not own any Repurchase Agreements Transactions Accounted for as a Sale.
- I. The Company does not own any Reverse Repurchase Agreements Transactions Accounted for as a Sale.
- J. The Company does not own any Real Estate.
- K. The Company does not have any investments in low-income housing tax credits (LIHTC).
- L. Restricted Assets

The Company normally maintains US Treasury Notes in the amount of \$2,397,953, held by the Texas Treasury Safekeeping Trust, for the restricted benefit of the Commissioner of Insurance for the State of Texas. This amount is included in total admitted assets and comprises 1.30% of total admitted assets.

The company also maintains approximately \$300,000 restricted assets as listed below.

(1) Restricted Assets (Including Pledged)

		1	2	3	4	5	6	7
	Restricted Asset Category	Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Nondmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Admiteed Restricted in Total Admitted Assets (b)
a.	Subject to contractual obligation for which	<u>.</u>	<u>,</u>	\$ -	_	\$ -	ć	ć
b.	liability is not shown Collateral held under security leding agreements	\$ - -	\$ - -	-	\$ - -	-	\$ - -	-
c.	Subject to repurchase agreements	-	-	-	_	_	-	-
d.	Subject to reverse repurchase agreements	-	-	-	-	-	-	-
e.	Subject to dollar repurchase agreements	-	-	-	-	-	-	-
f.	Subject to dollar reservse repurchase agreements	-	-	-	-	-	-	-
g.	Placed under option contracts	-	_	-	_	_	-	-
h.	Letter stock or securities restricted as to sale - excluding FHLB capital stock	_	_	<u>-</u>	_	_	_	_
i.	FHLB capital stock							
j.	On deposit with states	2,397,953	2,400,000	(2,047)	-	2,397,953	1.3%	1.3%
k.	On deposit with other regulatory bodies	-	_	-	-	-		
I.	Pledged as collateral to FHLB (including assets backing funding agreements)							
m.	Pledged as collateral not captured in other categories	-	_	_	_	_		
n.	Other restricted assets	300,274	300,281	(7)	-	300,274	0.2%	0.2%
0.	Total Restricted Assets	\$ 2,698,227	\$ 2,700,281		\$ -	\$ 2,698,227	1.4%	
	(a) Column 1 divided by Ass (b) Column 5 divided by Ass							

(2) This note is not applicable to the Company.

(3) Detail of Other Restricted Assets (Contracts that Share Similar Characteristics. Such as Reinsurance and Derivatives, Are Reported in the Aggregate)

	1	2	3	4	5	6
						Percentage Admitted
		Total Gross		Total Current	Percentage	Restricted
	Total Gross	Restricted	Increase/	Year	Gross	to Total
	Restricted from	From Prior	(Decrease)	Admitted	Restricted to	Admitted
Description of Assets	Current Year	Year	(1 minus 2)	Restricted	Total Assets	Assets
Certificate of Deposit for Arkansas	\$ 100,180	\$ 100,000	180	\$ 100,180	0.053%	0.055%
U.S. Treasury Notes for Nevada	\$ 200,094	\$ 200,281	(187)	\$ 200,094	0.106%	0.109%
	_	-	-	-		
Total	\$ 300,274	\$ 300,281	\$ (7)	\$ 300,274	0.159%	0.164%

- (4) This note is not applicable to the Company
- M. The Company does not have working capital finance investments.
- N. The Company does not have any Offsetting and Netting Assets and Liabilities
- O. The Company does not have any Structured Notes.
- P. The Company does not have any 5GI* Securities.
- Q. The Company does not have any Short Sales.
- R. Prepayment Penalty and Acceleration Fees

General Account

(1) Number of CUSIPs

3

(2) Aggregate Amount of Investment Income

\$17,702

6. Joint Ventures, Partnerships and Limited Liability Companies

This note is not applicable to the Company.

7. Investment Income

A. All investment income due and accrued with amounts that are over 90 days past due are excluded (nonadmitted) from surplus.

B. The Company did not exclude any investment income.

8. Derivative Instruments

This note is not applicable to the Company.

9. Income Taxes

The Company is a wholly-owned subsidiary of MCNA Health Care Holdings, LLC. Qualified S Corporation Subsidiary (Q Sub) elections have been filed for the Company and its affiliates, and accepted by Internal Revenue Service. Accordingly, the Company and its affiliates Managed Care of North America, Inc. and MCNA Systems Corp, which are considered disregarded entities for Federal income tax purposes, will file a consolidated return with their common parent. Under provisions of Subchapter S of the Internal Revenue Code, in lieu of corporate income tax expense or benefit, the stockholder(s) of an S Corporation report their proportionate share of the Company's taxable income or loss. Additionally, an S Corporation is normally not subject to state taxes or state filing requirements. Therefore, no provision or liability for federal or state income tax expense nor any deferred tax benefit or liability is included in the statutory financial statements. No elections have been made regarding admitting deferred tax assets nor has there been any deferred income tax effect on the Company's capital and surplus.

10. Information Concerning Parent, Subsidiaries and Affiliates and Other Related Parties

- A. The Company is affiliated with Managed Care of North America, Inc. through their common parent MCNA Health Care Holdings, LLC.
- B. The Company has approved management services agreements with parent MCNA Health Care Holdings, LLC. The Company also entered into dental administrative services agreements with its affiliate, Managed Care of North America, Inc., for third-party administration as well as other delegated services, based upon requirements of each line of business.
- C. During the year ended December 31, 2018, the Company paid approximately \$14,100,000 in fees to its parent under the aforementioned management services agreement, based on a percentage of revenue.

For the year ended December 31, 2018, the Company paid approximately \$61,500,000, net of allocations, for dental administrative service fees to its affiliate, based on per-member per-month (PMPM) charges.

There were no changes in terms to previously existing agreements from that used in the preceding period. Separate agreements will cover services required for the Company's most recent lines of business.

- D. As of December 31, 2018, we had a balance due to related parties of approximately \$15,500,000, which was for payment of various operating expenses advanced through the reporting period.
- E. The Company has no guarantees or undertakings, written or otherwise.
- F. The Company's only related-party agreements are those that are discussed above in Section B and C of this note.
- G. All outstanding shares of the Company are owned by its parent, MCNA Health Care Holdings LLC, which is domiciled in the State of Florida.
- H. The Company has no investment in any upstream entity, either directly or indirectly.
- I. The Company has no investments in Subsidiary, Controlled or Affiliated (SCA) entities.
- J. The Company has no investments in any SCA entity, impaired or otherwise.
- K. The Company has no investments in a foreign insurance subsidiary.
- L. The Company has no investments in a downstream non-insurance holding company.
- M. The Company has no investments in Subsidiary, Controlled or Affiliated (SCA) entities.
- N. The Company has no investments in an insurance SCA.
- O. This note is not applicable to the Company.

11. Debt

This note is not applicable to the Company.

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

- A. The Company does not have a defined benefit plan.
- B. This note is not applicable to the Company.
- C. This note is not applicable to the Company.
- D. This note is not applicable to the Company.
- E. The Company's employees participate in a 401(k) "safe harbor" plan ("the Plan") established during 2012 and sponsored by the parent company (MCNA Health Care Holdings, LLC). Eligible employees are permitted to defer compensation up to IRS limitations based on their age at the end of each plan year. The Plan offers a "safe harbor" matching contribution equal to the minimum of the sum of 100% of the first 3% of annual compensation plus an additional 50% of the next 2% based on amount of compensation the employee contributes to the Plan. The Company has realized a credit of approximately \$12,000 for anticipated matching expense for the plan year ending 2017 and has expensed an estimated \$39,000 associated with the anticipated matching portion of the Plan for year ending December 31, 2018. The matching portion for the plan year 2017 was paid on April 17, 2018 in the amount of \$27,936.
- F. The Company does not have multiemployer plans.
- G. See Note 12E above.
- H. The Company's post employment benefits for compensated absences are immaterial.
- Not applicable to the Company.

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

- (1) The Company has 1,000,000 common shares authorized and 700,000 shares issued and outstanding with capital stock of \$2,000,000.
- (2) The Company has no preferred shares outstanding.
- (3) Pursuant to Texas Insurance Code Section 403.001, the Company may not pay a dividend except from surplus profits arising from the business.

- (4) On August 30, 2018 the Company, with acknowledgment from Texas Department of Insurance, issued a dividend payment of \$15,000,000 to its parent.
- (5) The Company may make distributions to its parent to pay income taxes, if any, arising out of pass-through income. Distributions in excess of those necessary for taxes require approval of reinsurer and Holding Company (Parent) lender.
- (6) There are no restrictions placed on the Company's surplus, including for whom the surplus is being held.
- (7) Not applicable.
- (8) There are no amounts of stock held for special purposes.
- (9) Not applicable.
- (10) The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses was approximately \$2,400,000 for unrealized losses as of December 31, 2018.
- (11) The Company has no surplus notes.
- (12) Not applicable.
- (13) Not applicable.

14. Liabilities, Contingencies, and Assessments

- A. The Company has no material contingent liabilities.
- B. The Company has not been advised of any assessments other than that described in 14 F below.
- C. The Company has no gain contingencies. See 14 F below
- D. The Company has no extra contractual obligations or bad faith losses stemming from lawsuits.
- E. The Company has no joint and several liabilities.

F. In addition to the Company's dependency on its major State Medicaid contracts, it is a regulated entity under Texas, Louisiana, Iowa, Idaho, Nebraska, Arkansas, and Utah Insurance Codes, where we currently operate, and as such is subject to, among other things, changes in initiatives to increase healthcare regulations and restrict insurance pricing and the application of underwriting standards.

Final report and audit findings, including Company responses with disagreement where applicable, have been submitted to the agency for SFY 2015. Data gathering and audit testing has started for the Agency's SFY 2016 year review. The Agency's OIG is in process of collecting and reviewing data for the period SFY 2017 through Q2 2018. There is no material pending or threatened legal action against the Company. The likelihood or outcome of current or future suits cannot be accurately predicted. In addition, the potential for increased liability for negligence arising from claim adjudication, along with possible increased litigation adds to this uncertainty. Such legal actions or government audits and investigations could have an adverse effect on the Company's financial position, results of operations or cash flows.

15. Leases

A. Lessee Operating Lease

(1) The Company has non-cancelable leases for office facilities in San Antonio, Texas; Metarie, Louisiana; Lincoln, Nebraska; and Little Rock, Arkansas that provide for base monthly rent with annual increases plus pro-rata share of common area maintenance through April 2022 for the San Antonio, Lincoln, and Little Rock leases and through 2019 for the Metarie lease. Rent expense for the year ended December 31, 2018, and December 31, 2017 was approximately \$903,000, and \$809,000 respectively.

(2) At January 1, 2019, the minimum aggregate rental commitments under these leases are as follows:

Years Ending	Operating
December 31,	Leases
2019	910,848
2020	871,063
2021	895,863
2022	346,405
2023	
	\$ 3,024,179

B. The Company has no lessor arrangements.

16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

Financial instruments which potentially subject the Company to concentrations of credit risk consist principally of cash deposits in excess of the Federal Deposit Insurance Corporation's insured limit of \$250,000. The Company generally limits exposure by placing deposits with several quality financial institutions. However, at December 31, 2018 such cash balances exceeded insured amounts of cash at the Company's primary banks and investment accounts by approximately \$39,000,000 and \$1,000,000, respectively.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

This note is not applicable to the Company.

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

This note is not applicable to the Company.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

This note is not applicable to the Company.

20. Fair Value Measurements

Generally accepted accounting principles require that certain assets and liabilities be measured at fair market value while allowing the option to carry certain other assets and liabilities that were not previously measured at fair value at their previous carrying value. In this connection, fair value measurements establish a hierarchy to prioritize the computation of fair value. Such hierarchy consists of a) - valuations based on quoted prices in active markets for identical assets or liabilities (Level 1), b) - valuations based on observable quoted prices for similar assets and liabilities in active markets (Level 2), and c) - valuations based on inputs that are unobservable and are supported by little or no market activity, therefore, requiring management's best estimate of what market participants would use as fair value (Level 3). The Company valued all its investments at December 31, 2018 as Level 1.

A.

- (1) Fair Value at Reporting Date
- (2) The Company had no Level 3 investments.
- (3) The Company had no transfers between levels during the year ended December 31, 2018.
- (4) The Company had no Level 2 or Level 3 investments.

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE MCNA INSURANCE COMPANY

NOTES TO FINANCIAL STATEMENTS

5	// //	(1 1 2)	(1 12)	Net Asset	
Description	(Level 1)	(Level 2)	(Level 3)	Value (Nav)	Total
a. Assets at Fair Value					
Perpetual Preferred Stock					
Industrial and Misc	2,926,661	_	_	_	2,926,661
Parent, Subsidiaries & Affiliates	2,920,001	_	_		2,320,001
Total Perpetual Preferred Stock	2,926,661	_	-	-	2,926,661
Total Ferpetual Freieneu Stock	2,920,001	_	_	-	2,920,001
Bonds					
U. S. Government	31,577,484	_	_	_	31,577,484
Industrial and Misc	83,827,037	_	_	_	83,827,037
Hybrid Securities	-	_	_	_	-
Parent, Subsidiaries & Affiliates	-	_	_	-	_
Total Bonds	115,404,521	_		_	115,404,52
Total Bollus	113,404,321	_	_	_	113,404,32
Common Stock					
Industrial and Misc	-	-	-	-	-
Parent, Subsidiaries & Affiliates	-	-	_	-	_
Total Common Stock	-	-	-	-	-
Derivative assets					
Interest rate contracts	_	_	_	_	_
Foreign exchange contracts	_	-	_	-	_
Credit contracts	_	-	_	_	_
Commodity futures contracts	_	_	_	-	_
Commodity forward contracts	_	_	_	_	_
Total Derivatives	-	-	-	-	-
Separate account assets	-				
Total Assets at Fair Value/NAV	118,331,182	-	-	-	118,331,182
b. Liabilities at Fair Value					
Derivative liabilities	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
Total Liabilities at Fair Value	-	-	-	-	-

⁽⁵⁾ The Company had no derivative assets and liabilities during the year ended December 31, 2018.

- B. Not required.
- C. Fair Value Level

Type of Financial Investment	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
US Government - Issuer Obiligation Bonds	\$ 31,577,484	\$ 31,583,535	\$ 31,577,484	-	-	-	-
Industrial and Misc Bonds	83,827,037	83,827,037	83,827,037	-	-	-	-
Preferred Stocks	2,926,661	2,926,661	2,926,661	-	-	-	-

- D. This note is not applicable to the Company.
- E. This note is not applicable to the Company.

21. Other Items

- A. The Company has no unusual or infrequent items to report.
- B. The Company has no troubled debt restructuring.
- C. Other Disclosures none
- D. The Company has not had any business interruption insurance recoveries.
- E. The Company has not been involved in state transferable tax credits.
- F. The Company has not had any subprime-mortgage-related risk exposure.
- G. The Company has no retained assets.
- H. The Company has no Insurance-Linked Securities (ILS).

22. Events Subsequent

<u>Type I – Recognized Subsequent Events:</u>

Subsequent events have been considered through February 28, 2018 for the statutory statement issued on March 1, 2018.

There were no Type I subsequent events.

<u>Type II – Non-recognized Subsequent Events:</u>

Subsequent events have been considered through February 28, 2018 for the statutory statement issued on March 1, 2018.

There were no Type II subsequent events

		Current Year	Prior Year
A.	Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the federal Affordable Care Act (YES/NO)?	Yes (X) No ()	
B.	ACA fee assessment payble for the upcoming year	\$ -	\$ -
C.	ACA fee assessment paid	\$ 15,640,893	\$ -
D.	Premium written subject to ACA 9010 assessment	\$ 816,810,206	\$ -
E.	Total Adjusted Capital before surplus adjustment	\$ 121,706,432	
	(Five-Year Historical Line 14)		
F.	Total Adjusted Capital after surplus adjustment	\$ 121,706,432	
	(Five-Year Historical Line 14 minus 22B above)		
G.	Authorized Control Level	\$ 27,462,942	
	(Five-Year Historical Line 15)		
Н.	Would reporting the ACA assessment as of December 31, 2016, have triggered an RBC action level (YES/NO)?	Yes () No (X)	

23. Reinsurance

In February 2012, the Company signed a Risk Premium Reinsurance Agreement with a reinsurance company ("the Reinsurer"). The agreement indemnifies the Company for an agreed upon quota share of dental insurance risk assumed by the Reinsurer under the terms and conditions as set forth in its contracts. During the year ended December 31, 2018, the Company ceded to the reinsurer premiums of \$243,720,583 and claims costs of \$211,558,625. After its experience refund, the Company incurred and paid \$1,556,460 of net reinsurance expense.

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

(1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?

```
Yes ( ) No (X)
```

If yes, give full details.

(2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business?

```
Yes ( ) No (X)
```

If yes, give full details.

Section 2 - Ceded Reinsurance Report - Part A

(1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit?

(2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured polices?

Yes() No(X)

If yes, give full details.

Section 3 - Ceded Reinsurance Report - Part B

(1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate.

Not Applicable

(2) Have any new agreements been executed or existing agreements amended, since January 1st of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

Yes () No (X)

If yes, what is the amount of reinsurance credits, whether an asset or a reduction of liability, taken for such new agreements or amendments?

- B. Not applicable to the Company.
- C. Not applicable to the Company.
- D. Not applicable to the Company.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

In connection with the Company's contract with HHSC, it is obligated to pay an Experience Rebate if net income before taxes is greater than a graduated percentage of total revenues for any state fiscal year period. Pre-tax net income to revenues less than 3% is maintained 100% by the Company, with each increasing percentage lowering the Company's share and increasing HHSC share, up to 12%. All pre-tax net income above 12% is rebated 100% to the agency. As of December 31, 2018, the Company has calculated a total estimated experience rebate liability of approximately \$600,000 with expected payment by December 31, 2019.

- A. Not applicable to the Company.
- B. Not applicable to the Company.
- C. Not applicable to the Company.
- D. Not applicable to the Company.
- E. See Note 14 F and Note 22.

25. Change in Incurred Claims and Claim Adjustment Expenses

- A. Net incurred claims reserve was \$26,256,022 as of December 31, 2017. During the year ended December 31, 2018, \$27,565,413 has been paid for incurred claims and claim adjustment expenses attributable to prior years resulting in \$1,309,391 of unfavorable prior-year's reserves applied during 2018. In addition, there is a \$1,037,818 prior year claims liability recorded at the request of a contract partner that will be fully funded by them in early 2019. Original estimates are adjusted as additional information becomes known regarding individual claims and the market in which the Company operates.
- B. The Company had no significant changes in methodologies or assumptions.

26. Intercompany Pooling Arrangements

The Company is not part of a group of affiliated insurers that utilizes a pooling arrangement.

27. Structured Settlements

This note is not applicable to the Company.

28. Health Care Receivables

This note is not applicable to the Company.

29. Participating Policies

The Company did not have any participating polices.

30. Premium Deficiency Reserves

This Company did not have any premium deficiency reserves.

31. Anticipated Salvage and Subrogation

There is no salvage or subrogation to disclose.

GENERAL INTERROGATORIES PART 1 - COMMON INTERROGATORIES

GENERAL

	Affiliate Name	Location (City, S	State)	FRB	OCC	FDIC	SEC			
	1	2	Diata)	3	4	5	6			
8.4	If response to 8.3 is yes, please provide the names and loc services agency [i.e. the Federal Reserve Board (FRB), the Securities Exchange Commission (SEC)] and identify the a	ations (city and state of the main office) he Office of the Comptroller of the Curré ffiliate's primary federal regulator.	of any affiliates regulated by ency (OCC) , the Federal Dej	y a federal financi posit Insurance C	al regulatory orporation (FDIC) and the				
8.3	Is the company affiliated with one or more banks, thrifts or	securities firms?					Y	es () No (X)		
8.2	If response to 8.1 is yes, please identify the name of the ba	ank holding company.								
	Is the company a subsidiary of a bank holding company regi	·					Υ	es () No (X)		
	Nationality	у			Type of Entity	'				
	or attorney-in-	onality(s) of the foreign person(s) or en fact and identify the type of entity(s) (e	g., individual, corporation,	government, ma	anager or attorney	y-in-fact).]		
	·	entage of foreign control onality(s) of the foreign person(s) or en	itity(s); or if the entity is a mi	utual or reciproca	I, the nationality	of its manager		9		
7.2	If yes,	centage of foreign control						0.		
7.1	Does any foreign (non-United States) person or entity dire	ectly or indirectly control 10% or more of	the reporting entity?				Y	es () No (X)		
6.2	If yes, give full information:									
	entity during the reporting period?						Y	es () No (X)		
6.1	Has the reporting entity had any Certificates of Authority,	licenses or registrations (including corpo			revoked by any g	overnmental				
	1 Name of Entity		2 NAIC Company	/ Code		3 State of Domicile				
5.2	If yes, provide the name of entity, the NAIC company code	e, and state of domicile (use two letter	state abbreviation) for any e	ntity that has cea	sed to exist as a r	esult of the merge	r or consolidati	ion.		
	If yes, complete and file the merger history data file with the	he NAIC.								
5.1	Has the reporting entity been a party to a merger or conso	lidation during the period covered by this	s statement?				,	Yes () No (X)		
			4.21 sales of ne 4.22 renewals?	w business?			Yes () Yes ()			
4.2	for or control a substantial part (more than 20 percent of a			ıy or arranıllate, l	eceive credit of 0	ommosions				
<i>(</i> 1.2)	During the period covered by this statement, did any sales	:/sarvice organization owned in whole or	4.12 renewals?	v or an affiliato	racaiva cradit or o	ommissions	Yes ()	No (X)		
	control (other than salaried employees of the reporting ent major line of business measured on direct premiums) of:	uty) receive credit or commissions for oi	r control a substantial part (n 4.11 sales of ne	·	ent or any		Yes ()	No (X)		
	During the period covered by this statement, did any agen	t, broker, sales representative, non-aff	filiated sales/service organiza			nder common	.55 ()	() (N		
3 6	.6 Have all of the recommendations within the latest financial examination report been complied with?							No () N/A (X)		
3.5	3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?									
3.4	By what department or departments? Texas Department of Insurance									
3.3	State as of what date the latest financial examination report release date or completion date of the examination report	rt became available to other states or th and not the date of the examination (bal	e public from either the state lance sheet date) .	of domicile or the	e reporting entity.	This is the	01/04/20	017		
3.2	State the as of date of the latest financial examination report was common balance sheet and not the date the report was common to the date		te of aomicile or the reporting	j entity. This date	snould be the da	ite of the	12/31/20	015		
	State as of what date the latest financial examination of the			a. - · ·			12/31/20	015		
2.2	If yes, date of change:									
2.1	Has any change been made during the year of this statement	ent in the charter, by-laws, articles of in	corporation, or deed of settle	ement of the repo	orting entity?		Yes ()	No (X)		
1.5	If the response to 1.4 is yes, provide the CIK (Central Ind.	ex Key) code issued by the SEC for the	entity/group.							
1.4	1.4 Is the reporting entity publicly traded or a member of a publicly traded group?									
1.3	.3 State Regulating?									
1.2	1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?									
	If yes, complete Schedule Y, Parts 1, 1A and 2.									
1.1	Is the reporting entity a member of an Insurance Holding C	Company System consisting of two or mo	ore affiliated persons, one or	more of which is	an insurer?		Yes (X)	No ()		

What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit? Morrison, Brown, Argiz & Farra, LLC 1450 Brickell Avenue, 18th Floor, Miami, FL 33131

10.1	0.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?								
10.2	If the response to 10.1 is yes, provide information related to this exemption:								
10.3	Has the insurer been granted any exemptions related to the other requirements of the Annual Financia of the Model Regulation, or substantially similar state law or regulation?	al Reporting Model Regulation as allowed for in Section 18A	Yes () No (X)						
10.4	If the response to 10.3 is yes, provide information related to this exemption:								
10.5	Has the reporting entity established an Audit Committee in compliance with domiciliary state insurance	e laws?	Yes (X) No () N/A ()						
10.6	If the response to 10.5 is no or n/a, please explain:								
11.	What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consult of the individual providing the statement of actuarial opinion/certification? Wakely Consulting Group, 7650 Courtney Campbell Causeway, Suite 1250, Tampa, FL 33607	tant associated with an actuarial consulting firm)							
12.1	Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate	state indirectly?	Yes () No (X)						
	12.11 Name of real estate holding company								
	12.12 Number of parcels involved								
	12.13 Total book/adjusted carrying value		\$						
2.2	If yes, provide explanation								
13.	FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:								
	13.1 What changes have been made during the year in the United States manager or the United Sta								
	13.2 Does this statement contain all business transacted for the reporting entity through its United S		Yes () No ()						
	13.3 Have there been any changes made to any of the trust indentures during the year?	oraces pranciformiens wherever located:	Yes () No ()						
	13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?		Yes () No () N/A (X)						
4.1	Are the senior officers (principal executive officer, principal financial officer, principal accounting officer	cer or controller, or persons performing	(, (,						
	similar functions) of the reporting entity subject to a code of ethics, which includes the following stanc (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of inter (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be (c) Compliance with applicable governmental laws, rules and regulations; (d) The prompt internal reporting of violations to an appropriate person or persons identified in the c (e) Accountability for adherence to the code.	rest between personal and professional relationships; filed by the reporting entity;	Yes (X) No ()						
4.11	If the response to 14.1 is no, please explain:								
4.2	Has the code of ethics for senior managers been amended?		Yes () No (X)						
4.21	If the response to 14.2 is yes, provide information related to amendment(s).								
4.3	Have any provisions of the code of ethics been waived for any of the specified officers?		Yes () No (X)						
4.31	If the response to 14.3 is yes, provide the nature of any waiver(s).								
5.1	Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the i		Yes () No (X)						
5.2	If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number are the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.	v v	(/ (/						
	the Letter of Credit and describe the circumstances in which the Letter of Credit is triggefed.								
	1 2 merican Bankers	3	4						
	ssociation (ABA) Routing Number Issuing or Confirming Bank Name	Circumstances That Can Trigger the Letter of Credit	Amount						
	BOARE	O OF DIRECTORS							
16.	Is the purchase or sale of all investments of the reporting entity passed upon either by the board of dir		Yes (X) No ()						
17.	Does the reporting entity keep a complete permanent record of the proceedings of its board of directo	ors and all subordinate committees thereof?	Yes (X) No ()						
18.	Has the reporting entity an established procedure for disclosure to its board of directors or trustees of on the part of any of its officers, directors, trustees, or responsible employees that is in conflict or is duties of such person?	f any material interest or affiliation likely to conflict with the official	Yes (X) No ()						
	F	FINANCIAL							
19.	Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles)?	oles (e.g., Generally Accepted	Yes () No (X)						
0.1	Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):	20.11 To directors or other officers 20.12 To stockholders not officers 20.13 Trustees, supreme or grand (Fraternal only)	\$ \$ \$						
0.2	Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy	loans): 20.21 To directors or other officers 20.22 To stockholders not officers	\$ \$						
1 1	Were any assets reported in this statement subject to a contractual obligation to transfer to another pa	20.23 Trustees, supreme or grand (Fraternal only)	\$						
	reported in the statement?	, , , ,	Yes () No (X)						
1.2	If yes, state the amount thereof at December 31 of the current year:	21.21 Rented from others 21.22 Borrowed from others 21.23 Leased from others 21.24 Other	\$ \$ \$						
			*						

22.1	Does this statement include payments for assessm than guaranty fund or guaranty association assessr	ents as described in the Annual Sta nents?	atement Instructions other		Yes ()	No (X)
22.2	If answer is yes:		22.22	Amount paid as losses or risk adjustment Amount paid as expenses Other amounts paid	\$ \$ \$	
23.1	Does the reporting entity report any amounts due fr	om parent, subsidiaries or affiliate	es on Page 2 of this statement?		Yes ()	No (X)
23.2	If yes, indicate any amounts receivable from paren	t included in the Page 2 amount:			\$	
			INVESTMENT			
24.01	Were all the stocks, bonds and other securities ov reporting entity on said date? (other than securities	vned December 31 of current year es lending programs addressed in 2	, over which the reporting entity has e 24.03)	exclusive control, in the actual possession of the	Yes (() No (X)
24.02	If no, give full and complete information relating the All bonds and other securities owned throughout the bank or trust company in accordance with the NAI	nereto: ne current year were held pursuant C Financial Condition Examiners H	t to a custodial agreement with a quali landbook.	ified		
24.03		Note 17 where this information is a	lso provided)	d securities, and whether collateral is carried on or		
24.04	Does the Company's security lending program me					() No () N/A (X)
24.05	If answer to 24.04 is YES, report amount of collat	eral for conforming programs.			\$	
24.06	If answer to 24.04 is NO, report amount of collate	ral for other programs.			\$	
24.07	Does your securities lending program require 1029		(foreign securities) from the counterp	party at the outset of the contract?		() No () N/A (X)
21.01	Book your booking brogram require 162/	(domocile cocumico) and 10070	(toroign occurracy from the counterp	and y at the ballot of the bondable.	100	, , 110 () 11/11 (11)
24.08	Does the reporting entity non-admit when the colla	teral received from the counterpar	rty falls below 100%?		Yes	() No () N/A (X)
24.09	Does the reporting entity or the reporting entity's s securities lending?	ecurities lending agent utilize the I	Master Securities Lending Agreement	(MSLA) to conduct	Yes	() No () N/A (X)
24.10	For the reporting entity's security lending program	•	•	ar:		
	24.101 Total fair value of reinvented collateral ass	•			·	
	24.102 Total book adjusted/carrying value of reinv					
05.4	24.103 Total payable for securities lending reporte	,, ,			\$	
20.1	Were any of the stocks, bonds or other assets of the or has the reporting entity sold or transferred any a subject to Interrogatory 21.1 and 24.03)	ereporting entity owned at Decen ssets subject to a put option contra	act that is currently in force? (Exclude	very under the control of the reporting entity securities	Yes ((X) No ()
25.2	If yes, state the amount thereof at December 31 of	the current year:	25.27 FHLB Capital Stock 25.28 On deposit with states 25.29 On deposit with other regula 25.30 Pledged as collateral - exclu	se agreements agreements uurchase agreements tents stricted as to sale - excluding FHLB Capital Stock	\$ \$ \$ \$ \$	2,397,953
25.3	For category (25.26) provide the following:				• · · · · ·	,
	1 Nature of Restriction			2 Description	3 Amount	
26.1	Does the reporting entity have any hedging transact	tions reported on Schedule DB?			Yes	() No (X)
26.2	If yes, has a comprehensive description of the hedger if no, attach a description with this statement.	ging program been made available	to the domiciliary state?		Yes () N	o () N/A (X)
27.1	Were any preferred stocks or bonds owned as of D into equity?	·	indatorily convertible into equity, or, a	at the option of the issuer, convertible	Yes	() No (X)
27.2	If yes, state the amount thereof at December 31 of	•			\$	
	Excluding items in Schedule E - Part 3 - Special Dep deposit boxes, were all stocks, bonds, and other se in accordance with Section 1, III - General Examinat Condition Examiners Handbook?	curities, owned throughout the cu	rrent year held pursuant to a custodial	I agreement with a qualified bank or trust company	Yes	() No (X)
28.01	For agreements that comply with the requirements of	of the NAIC Financial Condition Ex	aminers Handbook, complete the follo	owing:		_
	1 Name of Custodian(s)		Custodia	2 in's Address		
Morga Merril	an Stanley	100 North Tampa Street, Suite 30 2049 Century Park E 11/12 FL, C	000, Tampa, FL 33602 Century City, CA 90067			
28.02	For all agreements that do not comply with the requ	irements of the NAIC Financial Cor	ndition Examiners Handbook, provide	the name , location and a complete explanation:		
	1 Name(s)	Loca	2 ation(s)	Complete Explanation(s)		

	Old Custodian		2 ustodian	3 Date of Change		Re	4 eason	
05 Investment investmen ["that h	t management - Identify all investm t decisions on behalf of the reporti have access to the investment acco	nent advisors, investmer ng entity. For assets the ounts"; "handle secur	nt managers, broker/dealers at are managed internally by ities"]	s, including individ employees of the	uals that have reporting enti	e the authority to make ty, note as such.		
	А	2 Affiliation						
an Stanley	١							
	se firms/individuals listed in the tablesignated with a "U") manage mo			filiated with the re	porting entity			Yes (X) No
98 For firm does the	s/individuals unaffiliated with the retotal assets under management a	reporting entity (i.e., de	esignated with a "U") listed in 50% of the reporting entity's	n the table for Que assets?	stion 28.05,			Yes (X) No
For those	firms or individuals listed in the tab	ole for 28.05 with an affil	iation code of "A" (affiliated)	or "U" (unaffiliate	d), provide t	he information for the table be	elow.	
Central Reç	1 tral Registration Depository Number Name of Fi		2 Firm or Individual	3 Legal Er Identified		4 Registered Wi	th	5 Investment Management Agreement (IMA) Filed
		Morgan Stanley						
Does the re Commission	eporting entity have any diversified n (SEC) in the Investment Compar plete the following schedule:	mutual funds reported in	n Schedule D - Part 2 (divers					Yes () No
	1 CUSIP Number		2 Name of Mutual Fu	ınd		Book/ <i>F</i>	3 Adjusted Carrying V	/alue
For each m	utual fund listed in the table above	complete the following	schedule:					
3 For each mutual fund listed in the table above, complete the following: 1 Name of Mutual Fund				Amount of Mutual Fund's cant Holding Book/Adjusted Carrying Value				
	1 Name of Mutual Fund (from question 29, 2)	Na	2 me of Significant Holding		Book/Adjus	sted Carrying Value		4 of Valuation
	1 Name of Mutual Fund (from question 29.2) following information for all short-te		me of Significant Holding of the Mutual Fund	o not substitute an	Book/Adjus Attributal	sted Carrying Value ble to the Holding		4 of Valuation
	(from question 29.2)		me of Significant Holding of the Mutual Fund	o not substitute an	Book/Adjus Attributal nortized value	sted Carrying Value ble to the Holding		•
	(from question 29.2)	erm and long-term bonds	me of Significant Holding of the Mutual Fund s and all preferred stocks. D	2 Fair V	Book/Adjus Attributal nortized value	e or statement value for fair value Excess of Statement over Fair Value (-), or Fair Value	lue.	•
	(from question 29.2) following information for all short-te	erm and long-term bonds	me of Significant Holding of the Mutual Fund s and all preferred stocks. D 1 Statement (Admitted) Value	2 Fair V	Book/Adjus Attributal nortized value	e or statement value for fair value Excess of Statement over Fair Value (-), or Fair Value over Statement (+)	lue.	•
	(from question 29.2) following information for all short-te 30.1 Bonds	erm and long-term bonds	me of Significant Holding of the Mutual Fund and all preferred stocks. D 1 Statement (Admitted) Value \$	Fair V \$	Book/Adjus Attributal nortized value falue 16,700,845 2,926,661	sted Carrying Value ble to the Holding or statement value for fair value Excess of Statement over Fair Value over Statement (+) \$	lue.	•
Provide the f	following information for all short-te 30.1 Bonds	erm and long-term bonds	me of Significant Holding of the Mutual Fund and all preferred stocks. D 1 Statement (Admitted) Value \$	Fair V \$	Book/Adjus Attributal nortized value falue 16,700,845 2,926,661	e or statement value for fair value Excess of Statement over Fair Value (-), or Fair Value over Statement (+) S	lue.	•
Provide the f	following information for all short-te 30.1 Bonds	erm and long-term bonds etermining the fair values /2018 statements for ea	me of Significant Holding of the Mutual Fund and all preferred stocks. D 1 Statement (Admitted) Value \$	Fair V \$	Book/Adjus Attributal nortized value alue 16,700,845 2,926,661 19,627,506	e or statement value for fair value Excess of Statement over Fair Value (-), or Fair Value over Statement (+) S	llue.	•
Provide the f Describe th Record o	following information for all short-te 30.1 Bonds	etermining the fair values /2018 statements for earmined by a broker or cu	me of Significant Holding of the Mutual Fund and all preferred stocks. D 1 Statement (Admitted) Value \$	Fair V \$	Book/Adjus Attributal nortized value falue 16,700,845 2,926,661 19,627,506	sted Carrying Value ble to the Holding e or statement value for fair value or statement over Fair Value (-), or Fair Value over Statement (+) \$	Yes (of Valuation

32.1	Have all the	Yes (X) No ()		
32.2	If no, list ex	peptions:		
		OTHER		
33.	Rv self-desi	nating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:		
•		entation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE	or PL security is not available	
		r obligor is current on all contracted interest and principal payments.		
		urer has an actual expectation of ultimate payment of all contracted interest and principal.		
		porting entity self-designated 5GI securities?		Yes () No (X)
34.	By self-desi	nating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:		
	a. The sec	urity was purchased prior to January 1, 2018.		
	b. The rep	orting entity is holding capital commensurate with the NAIC Designation reported for the security.		
	c. The NA rating held	C Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is a by the insurer and available for examination by state insurance regulators.	shown on a current private lette	er
	d. The rep	orting entity is not permitted to share this credit rating of the PL security with the SVO.		
	Has the re	porting entity self-designated PLGI securities?		Yes () No (X)
		OTHER		
35.1	Amount of p	ayments to Trade associations, service organizations and statistical or Rating Bureaus, if any?		\$
25.0	List the nam	a of the organization and the amount acid if any such neumant represented 150/ or more of the total neumants to trade	accondictions corrido	
35.2	organization	e of the organization and the amount paid if any such payment represented 25% or more of the total payments to trades and statistical or rating bureaus during the period covered by this statement.	associations, service	
		1 Name	2 Amount Paid	
		Hand	\$	
			\$	
			\$	
			\$	
36.1	Amount of p	ayments for legal expenses, if any?		\$3,105
36.2	List the nam	e of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expens	es during the period	
	covered by t	nis statement.		
		1 Name	2 Amount Paid	
		Donato, Minx, Brown & Pool, P.C.	\$2,799	
			\$	
			\$	
			\$	
37.1	Amount of p	ayments for expenditures in connection with matters before legislative bodies, officers or departments of government,	if any?	\$
37.2	List the nam legislative be	e of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in c dies, officers or departments of government during the period covered by this statement.	onnection with matters before	
		1 Name	2 Amount Paid	
			\$	
			\$	
			\$	
			\$	

GENERAL INTERROGATORIES PART 2 - HEALTH INTERROGATORIES

	1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force?							
	If yes, indicate premium earned on U.S. business only.					\$		
1.3	What portion of Item (1.2) is not reported on the Medicare Supp	plement I	nsurance Experience Exhibit?			\$		
	1.31 Reason for excluding:							
1 1	Indicate amount of earned premium attributable to Canadian and					¢		
	Indicate total incurred claims on all Medicare Supplement insura		er Alleit flot illoluded ill item (1	z) above		\$ \$		
1.5	Individual policies:	ilice.				3		
1.0	marvada policies.	1.61 1.62 1.63	urrent three years: Total premium earned Total incurred claims Number of covered lives rs prior to most current three ye Total premium earned Total incurred claims Number of covered lives	ars:		\$ \$ \$		
1.7	Group polices:	1.71 1.72 1.73	urrent three years: Total premium earned Total incurred claims Number of covered lives rs prior to most current three ye Total premium earned Total incurred claims Number of covered lives	ars:		\$\$ \$\$ \$		
2.	Health Test:			1	2			
		2.2 F 2.3 F 2.4 F 2.5 F	Premium Numerator Premium Denominator Premium Ratio (2.1 / 2.2) Reserve Numerator Reserve Denominator Reserve Ratio (2.4 / 2.5)	1 Current Year \$	Prior Year \$ 602,846,481 \$ 602,846,481 1.000 \$ 30,119,911 \$ 30,119,911 1.000			
3.1	Has the reporting entity received any endowment or gift from co returned when, as and if the earnings of the reporting entity per	ntracting mits?	hospitals, physicians, dentists	, or others that is agreed will be		Yes () No (X)		
3.2	If yes, give particulars:							
4.1	Have copies of all agreements stating the period and nature of h dependents been filed with the appropriate regulatory agency?					Yes (X) No ()		
4.2	If not previously filed, furnish herewith a copy (ies) of such agre	ement(s) . Do these agreements include	additional benefits offered?		Yes () No (X)		
5.1	Does the reporting entity have stop-loss reinsurance?					Yes () No (X)		
5.2	If no, explain:							
	No specific limit under quota-share program.							
5.3	Maximum retained risk (see instructions)	5.31 5.32 5.33 5.34 5.35 5.36	Comprehensive Medical Medical Only Medicare Supplement Dental & Vision Other Limited Benefit Plan Other			\$ \$ \$		
6.	Describe arrangement which the reporting entity may have to pr harmless provisions, conversion privileges with other carriers, a							
7.1	Does the reporting entity set up its claim liability for provider ser	vices on	a service date basis?			Yes (X) No ()		
7.2	If no, give details:							
8.	Provide the following information regarding participating provide							
-		8.1	Number of providers at sta					
9.1	Does the reporting entity have business subject to premium rate	8.2 e guarante	Number of providers at endees?	or reporting year		Yes () No (X)		
	If yes, direct premium earned:	Jamiani				. 50 () 110 (11)		
	V. · · · · · · · · · · · · · · · · · · ·	9.21 9.22	Business with rate guarant Business with rate guarant					
10.1	Does the reporting entity have Incentive Pool, Withhold, or Bon	nus Arran	gements in its provider contracts	\$?		Yes () No (X)		
10.2	If yes:	10.21 10.22 10.23 10.24	Maximum amount payable Amount actually paid for ye Maximum amount payable Amount actually paid for ye	ear bonuses withholds		\$ \$ \$		

PART 2 - HEALTH INTERROGATORIES

11.1	Is the reporting entity organized as:	11.12 11.13 11.14		Staff Model, ice Association (IPA) mbination of above)?			Yes () No (X) Yes () No (X) Yes () No (X)	
11.2	Is the reporting entity subject to Statutory Minimum	Capital and Surplus Re	quirements?				Yes (X) No ()	
11.3								
11.4	If yes, show the amount required.						\$ 72,600,000	
11.5		Yes (X) No ()						
11.6	If the amount is calculated, show the calculation							
	10:1 Writing ratio							
12.	List the service areas in which reporting entity is licen	sed to operate:						
			1 Name of Service A	rea				
ouisiana wa - Sta aho - Sta ebraska rkansas	atewide Statewide tewide atewide atewide - Statewide - Statewide - Statewide tewide							
13.1		Yes () No (X)						
13.2		\$						
13.3 Do you act as an administrator for health savings accounts?							Yes () No (X)	
13.4	If yes, please provide the balance of the funds admi	nistered as of the repor	ting date.				\$	
14.1	Are any of the captive affiliates reported on Schedul	e S, Part 3, authorized	reinsurers?				Yes () No () N/A (X)	
14.2	If the answer to 14.1 is yes, please provide the follo	wing:						
	1	2	3	4	Assets	Supporting Reserve (Credit	
	Company Name	NAIC Company Code	Domiciliary Jurisdiction	Reserve Credit	5 Letters of Credit	6 Trust Agreements	7 Other	
i. Prov	ide the following for individual ordinary life insurance*	policies (U.S. busines	s only) for the curren	t year (prior to reinsu	rance assumed or cedeo).		
		15.2 Tota	ect Premiums Written al Incurred Claims nber of Covered Lives	3			\$	
	*Ordinary Life	Insurance Includes						
	Term (whether full underwriting, limited und Whole Life (whether full underwriting, limite Variable Life (with or without secondary gua Universal Life (with or without secondary gua Variable Universal Life (with or without secondary guariable Universal Life (with or without sec	d underwriting, jet issu rrantee) arantee)	hort form app") e, "short form app")					
16 16.1	Is the reporting entity licensed or chartered, register If no, does the reporting entity assume reinsurance of the reporting entity?	red, qualified, eligible of business that covers ris	or writing business in a sks residing in at least	at least two states? t one state other than	the state of domicile		Yes (X) No () Yes () No (X)	

FIVE - YEAR HISTORICAL DATA

	1	2	3	4	5
	2018	2017	2016	2015	2014
BALANCE SHEET (Pages 2 and 3)					
Total admitted assets (Page 2, Line 28)	184,113,991	175,809,846	171,915,267	159,959,254	188,773,295
2. Total liabilities (Page 3, Line 24)			50,480,449		
Statutory minimum capital and surplus requirement			20,000,000		
4. Total capital and surplus (Page 3, Line 33)			121,434,817		
INCOME STATEMENT (Page 4)					
5. Total revenues (Line 8)	726,471,393	594.914.720	551,429,414	556.576.975	429.718.126
Total medical and hospital expenses (Line 18)					
7. Claims adjustment expenses (Line 20)					
Total administrative expenses (Line 21)					
9. Net underwriting gain (loss) (Line 24) 9. Net underwriting gain (loss) (Line 24)					
10. Net investment gain (loss) (Line 27)					
11. Total other income (Line 28 plus Line 29)					
· · · · · · · · · · · · · · · · · · ·					
12. Net income or (loss) (Line 32)	17,441,902	17,009,734	27,743,791	35,313,841	20,361,578
CASH FLOW (Page 6)					
13. Net cash from operations (Line 11)	(11,777,028)	34,649,477	29,680,032	26,693,508	(156,232
RISK-BASED CAPITAL ANALYSIS					
14. Total adjusted capital	121,706,432	125,082,037	121,434,817	111,765,981	77,050,494
15. Authorized control level risk-based capital	27,462,942	22,372,975	15,764,567	15,769,135	12,581,010
ENROLLMENT (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	3,830,420		2,931,282	2,576,963	2,550,485
17. Total members months (Column 6, Line 7)	45,784,124	39,660,443	32,558,617	30,585,054	23,096,554
OPERATING PERCENTAGE (Page 4) (Item divided by Page 4, sum of Line 2, Line 3, and Line 5) X 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Line 3 plus Line 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Line 18 plus Line 19)	79.3	79.5	74.3	73.7	74.3
20. Cost containment expenses					
21. Other claims adjustment expenses					
22. Total underwriting deductions (Line 23)	98.0	97.5	95.3	93.8	95.4
23. Total underwriting gain (loss) (Line 24)	2.0	2.5	4.7	6.2	4.6
UNPAID CLAIMS ANALYSIS (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	31,190,853	26,088,304	26,778,582	24,255,721	17,572,448
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	28,843,642	25,874,119	27,148,568	24,975,250	21,257,752
INVESTMENTS IN PARENT, SUBSIDIARIES, AND AFFILIATES					
26. Affiliated bonds (Schedule D Summary, Line 12, Col. 1)					
27. Affiliated preferred stocks (Schedule D Summary, Line 18, Col. 1)					
28. Affiliated common stocks (Schedule D Summary, Line 24, Col. 1)					
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. Total of above Lines 26 to 31					
33 . Total investment in parent included in Lines 26 to 31 above					
late: If a narty to a marrier , have the two most recent years of this exhibit been restated due to					

Note: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?

Yes () No ()

If no, please explain:

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

		1	Direct Business Only Year to Date							
	States, Etc.	Active Status (a)	2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/ Casualty Premiums	8 Total Column 2 Through Column 7	9 Deposit-Type Contracts
	Alabama AL	<u>L</u>								
2. 3.	Alaska AK Arizona AZ	N N								
3. 4.	Arkansas AR	L			67, 173, 464				67,173,464	
5.	California	<u>L</u>								
6. 7.	Colorado	N N								
8.	Delaware DE	N								
9.	District of Columbia DC	N								
	Florida FL Georgia GA	N N								
11. 12.	Georgia GA Hawaii HI	N								
13.	Idaho ID	L			54,901,502				54,901,502	
14.	Illinois IL Indiana IN	N								
15. 16.	lowa IA	N L			19,761,862				19,761,862	
17.	Kansas KS	N								
18.	Kentucky	N			171 040 575				171 040 575	
	Louisiana	N			. 171,242,575				. 171,242,575	
21.	Maryland MD	N			1					
	Massachusetts MA Michigan MI	N								
23. 24.	Michigan MI Minnesota MN	L N								
25.	Mississippi MS	Ν								
26.	Missouri MO Montana MT	L								
27. 28.	Montana MT Nebraska NE	N 			60,170,732				60.170.732	
	Nevada NV	Ĺ			1 ' '					
30.	New Hampshire NH	N								
31. 32.	New Jersey NJ New Mexico NM	N N								
33.	New York NY	N								
	North Carolina NC	N								
35. 36.	North Dakota	N N								
30. 37.	Oklahoma OK	L								
38.	Oregon OR	N								
39.	Pennsylvania PA	N N								
40. 41.	Rhode Island RI South Carolina SC	N N								
42.	South Dakota	N								
43.	Tennessee	N							500 400 000	
44. 45.	Texas	L			563,199,268				. 563,199,268 3,236,552	
	VermontVT	N			1 ' '					
47.	Virginia VA	N							I	
48. 49.	Washington. WA West Virginia WV	L								
	Wisconsin WI									
51.	Wyoming WY	N								
	American Samoa									
	Puerto Rico. PR				1	1				
55.	U.S. Virgin Islands VI	N								
56.	Northern Mariana Islands MP Canada CAN	N								
	Aggregate Other Alien OT		l	1		1				
59.	Subtotal	XXX			. 939,685,954				. 939,685,954	
60.	Reporting entity contributions for Employee Benefit Plans	XXX								
61.	Total (Direct Business)	XXX			939,685,954				939.685.954	
	,,,	,								
DETAIL	.S OF WRITE-INS									
58001.									[
58002.										
58003. 58998.	Summary of remaining write-ins for Line 58 from overflow page								I	
58999.	Total (Line 58001 through Line 58003 plus Line 58998)					1			[
	(Line 58 above)									
		_								
		Explanation	of basis of allocation	on by states, pre	miums by state, etc					
(a) Act	ive Status Counts:									
, ,		LDD2								
E-	Licensed or Chartered - Licensed insurance carrier or domicile Eligible - Reporting entities eligible or approved to write surplus None of the above - Not allowed to write business in the state		state			R - Registered - No Q - Qualified - Qua	on-domiciled RRGs lified or accredited	reinsurer		
(b) Ins	ert the number of "L" responses except for Canada and Other A	Alien.								
Allocati	Allocation made by direct premium earned by state.									
	<u> </u>									

MCNA Health Care Holdings, LLC Holding Company System

MCNA Health Care Holdings, LLC

45-2542951

MCNA Insurance Company

14063 TX

52-2459969

Managed Care of North America, Inc.

52014 FL

65-0303864

MCNA Systems, Corp.

45-3641822

Other Affiliates

200 West Cypress Creek LLC

47-4939777

Sagax Technologies Limited

33-75511BH

Sierra Dental Plan, Inc.

82-3922528

Healthplex America LLC

83-2329503

40

Health Annual Statement Blank Alphabetical Index

A 1 1 (O () D 11 (D)
Analysis of Operations By Lines of Business
Assets 2
Cash Flow
Exhibit 1 - Enrollment By Product Type for Health Business Only
Exhibit 2 - Accident and Health Premiums Due and Unpaid
Exhibit 3 - Health Care Receivables 19
Exhibit 3A - Analysis of Health Care Receivables Colllected and Accrued
Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus
Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates
Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates 23
Exhibit 7 - Part 1 - Summary of Transactions With Providers
Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries
Exhibit 8 - Furniture, Equipment and Supplies Owned
Exhibit of Capital Gains (Losses)
Exhibit of Net Investment Income
Exhibit of Nonadmitted Assets
Exhibit of Premiums, Enrollment and Utilization (State Page)
Five-Year Historical Data 29
General Interrogatories
Jurat Page
Liabilities, Capital and Surplus
Notes To Financial Statements
Overflow Page For Write-ins
Schedule A - Part 1
Schedule A - Part 2 E02
Schedule A - Part 3 E03
Schedule A - Verification Between Years Sl02
Schedule B - Part 1. E04
Schedule B - Part 2 E05
Schedule B - Part 3
Schedule B - Verification Between Years S102
Schedule BA - Part 1
Schedule BA - Part 2 E08
Schedule BA - Part 3 E09
Schedule BA - Verification Between Years SI03
Schedule D - Part 1. E10
Schedule D - Part 1A - Section 1 SI05
Schedule D - Part 1A - Section 2 Sl08
Schedule D - Part 2 - Section 1 E11
Schedule D - Part 2 - Section 2
Schedule D - Part 3
Scriedule D - Fait 3 Lis
0.1 1.1 B B 1.4
Schedule D - Part 4
Schedule D - Part 5
Schedule D - Part 5
Schedule D - Part 5 E15 Schedule D - Part 6 - Section 1 E16 Schedule D - Part 6 - Section 2 E16
Schedule D - Part 5 E15 Schedule D - Part 6 - Section 1 E16 Schedule D - Part 6 - Section 2 E16 Schedule D - Summary By Country Sl04
Schedule D - Part 5 E15 Schedule D - Part 6 - Section 1 E16 Schedule D - Part 6 - Section 2 E16 Schedule D - Summary By Country S104 Schedule D - Verification Between Years S103
Schedule D - Part 5 E15 Schedule D - Part 6 - Section 1 E16 Schedule D - Part 6 - Section 2 E16 Schedule D - Summary By Country Sl04 Schedule D - Verification Between Years Sl03 Schedule DA - Part 1 E17
Schedule D - Part 5 E15 Schedule D - Part 6 - Section 1 E16 Schedule D - Part 6 - Section 2 E16 Schedule D - Summary By Country S104 Schedule D - Verification Between Years S103
Schedule D - Part 5 E15 Schedule D - Part 6 - Section 1 E16 Schedule D - Part 6 - Section 2 E16 Schedule D - Summary By Country Sl04 Schedule D - Verification Between Years Sl03 Schedule DA - Part 1 E17
Schedule D - Part 5 E15 Schedule D - Part 6 - Section 1 E16 Schedule D - Part 6 - Section 2 E16 Schedule D - Summary By Country S104 Schedule D - Verification Between Years S103 Schedule DA - Part 1 E17 Schedule DA - Verification Between Years S110
Schedule D - Part 5 E15 Schedule D - Part 6 - Section 1 E16 Schedule D - Part 6 - Section 2 E16 Schedule D - Summary By Country S104 Schedule D - Verification Between Years S103 Schedule DA - Part 1 E17 Schedule DA - Verification Between Years S110 Schedule DB - Part A - Section 1 E18
Schedule D - Part 5 E15 Schedule D - Part 6 - Section 1 E16 Schedule D - Part 6 - Section 2 E16 Schedule D - Summary By Country S104 Schedule D - Verification Between Years S103 Schedule DA - Part 1 E17 Schedule DA - Verification Between Years S110 Schedule DB - Part A - Section 1 E18 Schedule DB - Part A - Section 2 E19 Schedule DB - Part A - Verification Between Years S111
Schedule D - Part 5 E15 Schedule D - Part 6 - Section 1 E16 Schedule D - Part 6 - Section 2 E16 Schedule D - Summary By Country Sl04 Schedule D - Verification Between Years Sl03 Schedule DA - Part 1 E17 Schedule DA - Verification Between Years Sl10 Schedule DB - Part A - Section 1 E18 Schedule DB - Part A - Section 2 E19 Schedule DB - Part A - Verification Between Years Sl11 Schedule DB - Part B - Section 1 E20
Schedule D - Part 5 E15 Schedule D - Part 6 - Section 1 E16 Schedule D - Part 6 - Section 2 E16 Schedule D - Summary By Country Sl04 Schedule D - Verification Between Years Sl03 Schedule DA - Part 1 E17 Schedule DA - Verification Between Years Sl10 Schedule DB - Part A - Section 1 E18 Schedule DB - Part A - Section 2 E19 Schedule DB - Part A - Verification Between Years Sl11 Schedule DB - Part B - Section 1 E20 Schedule DB - Part B - Section 2 E21
Schedule D - Part 5 E15 Schedule D - Part 6 - Section 1 E16 Schedule D - Part 6 - Section 2 E16 Schedule D - Summary By Country SI04 Schedule D - Verification Between Years SI03 Schedule DA - Part 1 E17 Schedule DA - Verification Between Years SI10 Schedule DB - Part A - Section 1 E18 Schedule DB - Part A - Section 2 E19 Schedule DB - Part A - Verification Between Years SI11 Schedule DB - Part B - Section 1 E20 Schedule DB - Part B - Section 2 E21 Schedule DB - Part B - Section 2 E21 Schedule DB - Part B - Verification Between Years SI11
Schedule D - Part 5 E15 Schedule D - Part 6 - Section 1 E16 Schedule D - Part 6 - Section 2 E16 Schedule D - Summary By Country Sl04 Schedule D - Verification Between Years Sl03 Schedule DA - Part 1 E17 Schedule DA - Verification Between Years Sl10 Schedule DB - Part A - Section 1 E18 Schedule DB - Part A - Section 2 E19 Schedule DB - Part A - Verification Between Years Sl11 Schedule DB - Part B - Section 1 E20 Schedule DB - Part B - Section 2 E21 Schedule DB - Part B - Verification Between Years Sl11 Schedule DB - Part B - Verification Between Years Sl11 Schedule DB - Part C - Section 1 Sl12
Schedule D - Part 5 E15 Schedule D - Part 6 - Section 1 E16 Schedule D - Part 6 - Section 2 E16 Schedule D - Summary By Country SI04 Schedule D - Verification Between Years SI03 Schedule DA - Part 1 E17 Schedule DA - Verification Between Years SI10 Schedule DB - Part A - Section 1 E18 Schedule DB - Part A - Section 2 E19 Schedule DB - Part A - Verification Between Years SI11 Schedule DB - Part B - Section 1 E20 Schedule DB - Part B - Section 2 E21 Schedule DB - Part B - Section 2 E21 Schedule DB - Part B - Verification Between Years SI11
Schedule D - Part 5 E15 Schedule D - Part 6 - Section 1 E16 Schedule D - Part 6 - Section 2 E16 Schedule D - Summary By Country Sl04 Schedule D - Verification Between Years Sl03 Schedule DA - Part 1 E17 Schedule DA - Verification Between Years Sl10 Schedule DB - Part A - Section 1 E18 Schedule DB - Part A - Section 2 E19 Schedule DB - Part A - Verification Between Years Sl11 Schedule DB - Part B - Section 1 E20 Schedule DB - Part B - Section 2 E21 Schedule DB - Part B - Verification Between Years Sl11 Schedule DB - Part B - Verification Between Years Sl11 Schedule DB - Part C - Section 1 Sl12
Schedule D - Part 5 E15 Schedule D - Part 6 - Section 1 E16 Schedule D - Part 6 - Section 2 E16 Schedule D - Summary By Country S104 Schedule D - Verification Between Years S103 Schedule DA - Part 1 E17 Schedule DA - Verification Between Years S110 Schedule DB - Part A - Section 1 E18 Schedule DB - Part A - Section 2 E19 Schedule DB - Part A - Verification Between Years S111 Schedule DB - Part B - Section 1 E20 Schedule DB - Part B - Section 2 E21 Schedule DB - Part B - Verification Between Years S111 Schedule DB - Part C - Section 1 S112 Schedule DB - Part C - Section 2 S113
Schedule D - Part 5 E15 Schedule D - Part 6 - Section 1 E16 Schedule D - Part 6 - Section 2 E16 Schedule D - Summary By Country Sl04 Schedule D - Verification Between Years Sl03 Schedule DA - Part 1 E17 Schedule DA - Verification Between Years Sl10 Schedule DB - Part A - Section 1 E18 Schedule DB - Part A - Section 2 E19 Schedule DB - Part A - Verification Between Years Sl11 Schedule DB - Part B - Section 1 E20 Schedule DB - Part B - Section 2 E21 Schedule DB - Part B - Verification Between Years Sl11 Schedule DB - Part C - Section 1 Sl12 Schedule DB - Part C - Section 1 Sl12 Schedule DB - Part D - Section 1 E22 Schedule DB - Part D - Section 1 E22 Schedule DB - Part D - Section 2 E3
Schedule D - Part 5 E15 Schedule D - Part 6 - Section 1 E16 Schedule D - Part 6 - Section 2 E16 Schedule D - Summary By Country Sl04 Schedule D - Verification Between Years Sl03 Schedule DA - Part 1 E17 Schedule DA - Verification Between Years Sl10 Schedule DB - Part A - Section 1 E18 Schedule DB - Part A - Section 2 E19 Schedule DB - Part B - Section 1 E20 Schedule DB - Part B - Section 1 E20 Schedule DB - Part B - Verification Between Years Sl11 Schedule DB - Part B - Verification Between Years Sl11 Schedule DB - Part C - Section 2 E21 Schedule DB - Part C - Section 1 Sl12 Schedule DB - Part D - Section 2 E23 Schedule DB - Part D - Section 1 E22 Schedule DB - Part D - Section 2 E23 Schedule DB - Verification Sl14
Schedule D - Part 5 E15 Schedule D - Part 6 - Section 1 E16 Schedule D - Part 6 - Section 2 E16 Schedule D - Summary By Country SI04 Schedule D - Verification Between Years SI03 Schedule DA - Part 1 E17 Schedule DA - Verification Between Years SI10 Schedule DB - Part A - Section 1 E18 Schedule DB - Part A - Section 2 E19 Schedule DB - Part A - Verification Between Years SI11 Schedule DB - Part B - Section 1 E20 Schedule DB - Part B - Section 2 E21 Schedule DB - Part B - Verification Between Years SI11 Schedule DB - Part C - Section 1 SI12 Schedule DB - Part C - Section 1 SI12 Schedule DB - Part D - Section 1 E22 Schedule DB - Part D - Section 1 E22 Schedule DB - Part D - Section 2 E23 Schedule DB - Verification SI14 Schedule DB - Verification SI14 Schedule DB - Part 1 E24
Schedule D - Part 5 E15 Schedule D - Part 6 - Section 1 E16 Schedule D - Part 6 - Section 2 E16 Schedule D - Summary By Country Sl04 Schedule D - Verification Between Years Sl03 Schedule DA - Part 1 E17 Schedule DA - Verification Between Years Sl10 Schedule DB - Part A - Section 1 E18 Schedule DB - Part A - Section 2 E19 Schedule DB - Part A - Verification Between Years Sl11 Schedule DB - Part B - Section 1 E20 Schedule DB - Part B - Section 2 E21 Schedule DB - Part B - Verification Between Years Sl11 Schedule DB - Part B - Verification Between Years Sl11 Schedule DB - Part D - Section 1 Sl12 Schedule DB - Part D - Section 1 E22 Schedule DB - Part D - Section 2 E23 Schedule DB - Part D - Section 2 E23 Schedule DB - Part D - Section 2 E23 Schedule DB - Part 1 E24 Schedule DL - Part 2 E25
Schedule D - Part 5 E15 Schedule D - Part 6 - Section 1 E16 Schedule D - Part 6 - Section 2 E16 Schedule D - Summary By Country SI04 Schedule D - Verification Between Years SI03 Schedule DA - Part 1 E17 Schedule DA - Verification Between Years SI10 Schedule DB - Part A - Section 1 E18 Schedule DB - Part A - Section 2 E19 Schedule DB - Part A - Verification Between Years SI11 Schedule DB - Part B - Section 1 E20 Schedule DB - Part B - Section 2 E21 Schedule DB - Part B - Verification Between Years SI11 Schedule DB - Part C - Section 1 SI12 Schedule DB - Part C - Section 1 SI12 Schedule DB - Part D - Section 1 E22 Schedule DB - Part D - Section 1 E22 Schedule DB - Part D - Section 2 E23 Schedule DB - Verification SI14 Schedule DB - Verification SI14 Schedule DB - Part 1 E24
Schedule D - Part 5 E15 Schedule D - Part 6 - Section 1 E16 Schedule D - Part 6 - Section 2 E16 Schedule D - Summary By Country Sl04 Schedule D - Verification Between Years Sl03 Schedule DA - Part 1 E17 Schedule DA - Verification Between Years Sl10 Schedule DB - Part A - Section 1 E18 Schedule DB - Part A - Section 2 E19 Schedule DB - Part A - Verification Between Years Sl11 Schedule DB - Part B - Section 1 E20 Schedule DB - Part B - Section 2 E21 Schedule DB - Part B - Verification Between Years Sl11 Schedule DB - Part B - Verification Between Years Sl11 Schedule DB - Part D - Section 1 Sl12 Schedule DB - Part D - Section 1 E22 Schedule DB - Part D - Section 2 E23 Schedule DB - Part D - Section 2 E23 Schedule DB - Part D - Section 2 E23 Schedule DB - Part 1 E24 Schedule DL - Part 2 E25

Schedule E - Part 3 - Special Deposits	E28
Schedule S - Part 1 - Section 2	31
Schedule S - Part 2	32
Schedule S - Part 3 - Section 2	33
Schedule S - Part 4	34
Schedule S - Part 5	35
Schedule S - Part 6	36
Schedule S - Part 7	37
Schedule T - Part 2 - Interstate Compact	39
Schedule T - Premiums and Other Considerations	38
Schedule Y - Part 1 - Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule Y - Part 1A - Detail of Insurance Holding Company System	41
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates	42
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01
Supplemental Exhibits and Schedules Interrogatories	43
Underwriting and Investment Exhibit - Part 1	8
Underwriting and Investment Exhibit - Part 2	9
Underwriting and Investment Exhibit - Part 2A	10
Underwriting and Investment Exhibit - Part 2B	11
Underwriting and Investment Exhibit - Part 2C	12
Underwriting and Investment Exhibit - Part 2D	13
Underwriting and Investment Exhibit - Part 3	14